

GANDHI HOSPITAL – SECUNDERABAD, TG

PASTE HERE
LATEST
SELF ATTESTED
PHOTOGRAPH

NAME OF THE POST: CLINICAL EMBRYOLOGIST

Full Name (BLOCK LETTERS): _____

1. Father's/ Husband's Name _____

2. Date of Birth & Age: _____

3. Sex: Male/Female

4. Contact Particulars: E-mail address: _____

Mobile Number: _____

5. (a) Present Residential Address:

(b) Permanent Residential Address:

7(a) My PAN Card No. is _____

(b) My Aadhar Card No. is _____.

8. Local: Telangana/Andhra: _____ Non/Local: _____

9. Date of appearance in Last MCI-UG/PG/Any Other Assessment _____ in which
College _____

10. Whether you have retired from Government Medical college-

Yes/ No If Yes, Designation _____

Name of College: _____

11. Educational Qualifications:

(Please attach attested copies of certificates / degrees in support of your qualifications)

Qualification	College	University	Month Year	Registration No. with date	Name of the State Medical Council
MBBS/B.Sc					
MD/MS/ DNB/M.Sc (Medical) Degree Subject : _____					

12. Details of the teaching experience till date: (Please attach attested copies of experience Certificates)

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Junior Resident (Recognized Medical College)					
Senior Resident (Recognized Medical College)					
Tutor					
Assistant Professor					
Associate Professor					
Professor					

13. Research Experience: Number of papers

Published		Accepted for publication (apart from published)	
Indexed	Non Indexed	Indexed	Non Indexed

Please provide a list of all your scientific publications in chronological order providing details of Original articles and whether indexed/non-indexed:

Sl. No.	Particulars of Article (Name of article and Journal)	Year of Publication	Designation in the article	Indexing agency	Authorship P ^{1st} / _{2nd} / Corresponding
1					
2					
3					
4					
5					
6					
7					
8					

14. (a) Present employment/post held : _____

(b) Name of Present Medical College : _____

Date:

Signature of the candidate

Place:

NOTE:

- 1. INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED.**
- 2. SUBMIT ALONG WITH APPLICATION, ONE ATTESTED PHOTOCOPIES OF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW**

S.No	Particulars of enclosures	Yes/No
1.	SSC Certificate/ Birth Certificate (Proof of Age)	
2.	Study/Bonafide certificate(4 th to10 th Class)	
3.	MBBS/B.Sc degree	
4.	M.D/M.S/D.N.B/ M.Sc. (Medical) Degree Certificate And Marks Memos	
5.	MBBS Registration & Additional Registration with Medical Council Certificate/s** Outside state candidates, subject to getting registration from Telangana State Medical Council within one week of Selection, the appointment will be confirmed	
6.	Copy of experience certificate for all teaching Appointment sheet	
7.	Recent Passport size color photo	
8.	Photo ID proof issued by Govt. Authorities: Passport /Voter ID	
9.	PAN Card and Aadhar Card	
10.	Copies of Publications with proof of Indexation	

DECLARATION BY THE CANDIDATE

(Post applied for _____ at _____)

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis -statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof I am not aware of any circumstance which might impair my fitness for employment.

Date

Signature of the candidate

Place: