



SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCE
(A University established under the State Act)
TIRUMALA TIRUPATI DEVASTHANAMS
ALIPIRI ROAD :: TIRUPATI 517 501, A.P.

APPLICATION FORM FOR MEDICAL FACULTY POST

PERSONS PROFESSING HINDU RELIGION SHOULD ONLY APPLY

Post Applied for:

Speciality / Department:

Affix self-
attested latest
Size
photograph

Application Fee Details: _____

1. Full Name (in block letters) : _____
Surname Name
2. Father's Name :
3. Spouse's Name :
4. Date of Birth : Age:
5. Marital Status : Married / Unmarried
6. Full Postal Address :

Permanent Address	Present Address for communication

7. Telephone No.:STD Code:_____ Tel. No: _____

Mobile No.: _____

8. Email ID:

9. Social Status : OC / BC-A / BC-B/ BC-D/ SC(Gr-I) / (Gr-II) / (Gr-III) / ST / EWS

10. Category :

11. Place of Birth :

12. Place of schooling from 1st – 10th Class:

S.No.	Class	School	Place of study
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

13. Examination passed including postgraduate examination. (Enclose Xerox copies).

Degree	Name of the College & University	Month & Year of passing the examination	MCI Recognition & Permanent Medical Registration	a) Class / Division b) Distinction or prize, If any, in any one or more subjects
M.B.B.S				
Postgraduate Qualification i) MD/MS/DNB*				
ii) D.M./M.Ch/DNB* (Duration of the Course)				

Any other Qualification(s)				
i)				
ii)				
iii)				

- DNB: The bed strength and single / multi speciality type of hospital to be provided.
- The experience of the teaching faculty during DNB Course to provided.

14. Teaching Experience in NMC Recognized Institutes:

Sl.	Designation	College/Institute	From to DD-MM-YY	NMC Recognition

15. Research Experience :

SI	Title of Article	Authorship first/2 nd /others	Type of article Original/ case report/ review/ CME Proceeding	Journal National / International	Impact factor	Citation index

16. Any specialized training received in India / abroad :

17. Awards / Recognition's :

18. Fellowships & memberships :

a) Profession Bodies

b) Social Organizations

19. Number of Papers presented in

State conferences :

National conferences :

International conferences :

20.		Yes	or	No
	a) Are you employed currently? If Yes, NOC from the employer			
	b) Are you a Government Servant, if yes are you entitled to pension.			
	If yes, will you give up your status before joining the Institute			

21. Monthly emoluments being drawn at present :

22. Notice required for joining service if selected :

23. State Regional Language or languages you know :

a) To read and Write

b) To speak

24. Any Other information :

DECLARATION

All the information furnished in the application is true and correct to the best of my knowledge. I am punishable as per rules /law for furnishing any false information.

Signature of the Applicant

ENCLOSURES:

1. X Class Certificate / Equivalent certificate.
2. Study and Conduct Certificate of MBBS//MD/MS/DM/M.Ch/DNB course by the Principal of the College where studied.
3. Permanent Medical Registration Certificate.
4. Caste and Community certificate of SCs/ST/BC and latest EWS certificate from the competent authority
5. NMC Recognition certificates
6. Provisional of Final MBBS/MD/MS/DM/M.Ch/DNB Degree Certificate.
7. No Objection Certificate and performance report from the current employer.
8. Experience (designation; date of service from and to-should be mentioned clearly)