

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:				Affix self- attested lates
Speci	iality / Department:				Size photograph
Appli	cation Fee Details:				
1.	Full Name (in block letters)	: _			
		Sur	name	Name	
2.	Father's Name	:			
3.	Spouse's Name	:			
4.	Date of Birth :				
5.	Marital Status	:	Married / Unm	arried	
6.	Full Postal Address :				
	Permanent Address		Present Addres	ss for comm	unication
7.	Telephone No.:STD Code:			Tel. No:	
	Mobile No.:				

8. Email ID:	
9. Social Status	: OC / BC-A / BC/ SC(Gr-I) / (Gr-II) / (Gr-III) / ST / EWS
10. Category	:
11. Place of Birth	:

12. Place of schooling from $1^{st} - 10^{th}$ 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:

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

15. Research Experience:

SI No	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. Award	ls / Recognition's	:		
18. Fellov	vships & memberships	:		
a) Pr	ofession Bodies			
b) So	cial Organizations			
19. Numb	er of Papers presented in			
State	conferences :			
Nation	nal conferences	:		
Intern	ational 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 ves, will you give up your status before			

- 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

joining the Institute

- 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)