

**GOVERNMENT MEDICAL COLLEGE, NIZAMABAD, TELANGANA**  
**APPLICATION FORMAT FOR THE POST OF SENIOR and JUNIOR RESIDENT**  
**(on contract basis)**

|                                 |                          |  |
|---------------------------------|--------------------------|--|
| 1.Applying for                  | Senior / Junior Resident | Paste here (do not pin or staple) a recent clear and coloured passport size photograph |
| 2.Full Name (in CAPITAL letter) |                          |  |

3.Fathers / Husband's Name (in CAPITAL letter)

|       |      |        |
|-------|------|--------|
| 4.Sex | Male | Female |
|       |      |        |

|                 |    |    |    |     |
|-----------------|----|----|----|-----|
| 5.Date of Birth | DD | MM | YY | Age |
|                 |    |    |    |     |

|                      |  |
|----------------------|--|
| 6. Local / Non Local |  |
|----------------------|--|

|             |    |    |    |     |        |
|-------------|----|----|----|-----|--------|
| 7.Community | SC | ST | BC | OPH | OTHERS |
|             |    |    |    |     |        |

8. Details of Examination Passed (MBBS / PG DEGREE/PG Diploma / DNB )

| Degree / Discipline Passed | University / Institution | Month & Year of Passing | Marks % |
|----------------------------|--------------------------|-------------------------|---------|
| 1.MBBS                     |                          |                         |         |
| 2.PG Degree / Diploma      |                          |                         |         |
| 3.DNB                      |                          |                         |         |

9.Details of employment after Post-Graduation (PG DEGREE /PG Diploma/DNB if any (in Govt. Hospitals / Institutions only)

| Name of the Hospital / Institution | Position | Period |    | Total Service |
|------------------------------------|----------|--------|----|---------------|
|                                    |          | From   | To |               |
|                                    |          |        |    |               |

**10.Address for Communication**

|                        |  |
|------------------------|--|
| Name:                  |  |
| Phone (with STD Code): |  |
| Mobile:                |  |
| Email:                 |  |
| Address (Present):     |  |
| Address (Permanent):   |  |

**Declaration / Undertaking**

I hereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my candidature for recruitment may be cancelled.

Name:

Signature of the Candidate\_\_\_\_\_

**Note: Enclosures**

1. Proof of Date of Birth (SSC Certificate)
2. Local Candidate Certificate issued by concerned competent authority.
- 3.Caste Certificate issued by concerned competent authority.
- 4.Bonafied Certificate 4th to 10th
5. Marks list from 1 MBBS to Final MBBS and Degree Marks List
- 6.MBBS Degree Certificate
- 7.Post Graduate Degree Certificate.
- 8.Medical Council Registration of MBBS and PG Degree.
- 9.Four Passport Size photographs.
- 10.Govt. Service Experience certificate.
- 11.Aadhar card.

The selected candidates shall join the post within 2 days after receiving the appointment orders.

|  |  |
|--|--|
| Aggregate of Marks obtained in all the years in the qualifying examination | 80%  |
| Weightage for experience of Government service including contract service  | Upto 10%<br>@ 1 Mark per six months  |
| Weight age for No. of years since passing qualifying examination           | Up to 10% @ 1.0 marks per completed year after acquiring requisite qualification |