



**NIZAM'S INSTITUTE OF MEDICAL SCIENCES**  
(A UNIVERSITY ESTABLISHED UNDER THE STATE ACT)  
PANJAGUTTA ::::::::::: HYDERABAD – 500 082.

Rc.No:HR1/603/2022/R.

Dt: 30-11-2022

- 1) Application along with a registration fee of Rs.500/- are invited from the eligible Candidates for Filling up the post of Assistant Professors in the following Departments.

S. No	Name of the department	OC		BC-A		BC-B		BC-C		BC-D		BC-E		SC		ST		PH (OH)		EWS		Spts		Total
		G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W	
1	ANAESTHESIOLOGY	1	1		1									1								--	--	4
2	BIOCHEMISTRY	1																				--	--	1
3	CARDIOLOGY													1			1		1	1		--	--	4
4	EMERGENCY MEDICINE						1															--	--	1
5	ENDOCRINOLOGY	1																				--	--	1
6	GENERAL MEDICINE	1	1																			--	--	2
7	HEMATOLOGY							1														--	--	1
8	MED. GASTRO-ENTEROLOGY												1			1						--	--	2
9	MEDICAL GENETICS																			1		--	--	1
10	MEDICAL ONCOLOGY									1		1										--	--	2
11	NEPHROLOGY	1	1	1										1								--	--	4
12	NEUROLOGY	1				1							1		1							--	--	4
13	NEUROSURGERY		1	1																1		--	--	3
14	NUCLEAR MEDICINE																1					--	--	1
15	ORTHOPAEDICS	1																				--	--	1
16	PATHOLOGY															1						--	--	1
17	PLASTIC SURGERY		1																			--	--	1
18	PULMONARY MEDICINE					1																--	--	1
19	RADIOLOGY	1	1																	1		--	--	3
20	RADIATION ONCOLOGY								1													--	--	1
21	RHEUMATOLOGY & CLINICAL IMMUNOLOGY	1										1										--	--	2
22	SURG. GASTRO-ENTEROLOGY								1					1								--	--	2
23	SURGICAL ONCOLOGY									1												--	--	1
24	UROLOGY	1			1																	--	--	2
	TOTAL	10	6	2	2	2	1	1	-	2	1	1	1	4	2	3	2	1	1	3	1	-	-	46

**Abbreviation Used :** Women (W) , Backward Classes (BC), Scheduled Castes (SC), Scheduled Tribes(ST), Physically Handicapped (PH), Economically Weaker Sections (EWS) Sports (Spts).

**Note :-**

1. The above vacancies are provisional and subject to variation. The Director NIMS, Panjagutta, Hyderabad reserves the right to vary the vacancies including reserved vacancies as per the Govt. of Telangana requirements. The Institute may cancel the Vacancy Notice or cancel selection of any of the post(s) as felt necessary.
2. Reservation will be as per Government of Telangana Policy.
3. 4% of the total vacancies is horizontally reserved for PWD candidates with Benchmark Disabilities shall be applicable as per the Government of Telangana.
4. Reservation for Economically Weaker Sections (EWS) shall be applicable as per Govt. of Telangana, vide G.O.Ms.No. 242, dated 24-08-2021. Candidates must ensure that they have a valid EWS certificate on the last date of submission of application. EWS Candidates will attach certificate issued by the Competent Authority in the prescribed format along with application. In case suitable Economically Weaker Sections (EWS) candidates are not found, these posts will not be carried forward/or considered as backlog vacancy, hence Unreserved (UR) candidates may also be allowed provisionally to apply against EWS posts advertised through above referred advertisement who may be considered incase suitable EWS candidate are not found to fill up these posts reserved for EWS.
5. The cut-off date to determine the maximum age limit, essential qualification & experiences will be the last date of submission of the application at NIMS.
6. The period of experience wherever prescribed shall be counted after obtaining the prescribed Academ qualifications.

**Essential Qualifications & Experiences for the Posts are as under :-**

SPECIALITIES	ACADEMIC QUALIFICATIONS	EXPERIENCE
<b>I. BROAD SPECIALTIES</b>		
<b>IA. Courses established by erstwhile MCI and are in existence for more than 10 years:</b> ANAESTHESIOLOGY, BIOCHEMISTRY, GENERAL MEDICINE, NUCLEAR MEDICINE, ORTHOPAEDICS, PATHOLOGY, RADIOLOGY, RADIATION ONCOLOGY	MD/MS/DNB** in the concerned subject.	Three years teaching experience in recognized Institution in the subject of specialty after obtaining the qualifying degree of M.D. /M.S/ DNB**
<b>IB. Courses established by erstwhile MCI and are in existence for less than 10 years:</b> EMERGENCY MEDICINE	MD/DNB** (Emergency Medicine) <u>OR</u> MD/MS/DNB** (General Medicine, Anaesthesia, Respiratory Medicine, General Surgery, Orthopaedics)	Three years teaching experience in recognized Institution in the subject of specialty after obtaining the qualifying degree of M.D. /M.S/ DNB**



<b>II. SUPER SPECIALITIES</b>		
<p><b><i>IIA. Courses established by erstwhile MCI and are in existence for more than 10 years:</i></b>            CARDIOLOGY,            HEMATOLOGY, MEDICAL            GASTROENERTOLOGY,            NEPHROLOGY,            NEUROLOGY,            NEUROSURGERY, PLASTIC            SURGERY, , SURGICAL            GASTROENTEROLOGY,            SURGICAL ONCOLOGY,            UROLOGY</p>	<p>DM/MCh/DNB** in            the concerned            subject</p>	
<p><b><i>IIB. Courses established by erstwhile MCI and are in existence for less than 10 years:</i></b>            MEDICAL GENETICS,            PULMONARY MEDICINE            RHEUMATOLOGY</p>	<p><b><u>For MEDICAL GENETICS</u></b>            DM/DNB** (Medical Genetics)            OR            MD/DNB** (General Medicine, Paediatrics, Obstetrics and Gynaecology)##</p> <p><b><u>For PULMONARY MEDICINE</u></b>            DM/DNB** (Pulmonary Medicine)            OR            MD/DNB** (Respiratory Medicine, General Medicine, Paediatrics)##</p> <p><b><u>For RHEUMATOLOGY AND CLINICAL IMMUNOLOGY</u></b>            DM/DNB** (Pulmonary Medicine)            OR            MD/DNB** (General Medicine, Paediatrics)##</p>	<p>## Special Training for three years in the respective Super Specialty subject in a teaching Institution/Centre of Excellence with dedicated service in that specialty</p>
<p><b>** Determination of equivalence of the qualification of DNB (Broad Specialties) with MD/MS and DNB (Super Specialties) with DM/MCh:</b>The Diplomate of National Board (DNB) in broad specialty and super specialty qualifications when granted in a medical institution with attached hospital or in a hospital with the strength of five hundred or more beds, by the National Board of Examinations, shall be equivalent in all respects to the corresponding broad specialty (MD/MS) and super specialty (DM/MCh) postgraduate qualification, but in all other cases, senior residency in a medical college for an additional period of one year shall be required for such qualification to be equivalent for the purposes of teaching.</p>		

3. The applicants applying in response to this advertisement should satisfy themselves regarding their eligibility for the post applied for. They must be fulfilling eligibility criteria as on the closing date of applications failing which their application will be rejected. In case it is found that they are not fulfilling any of the criteria at any stage, their candidature will summarily be rejected.

4. In case a candidate wishes to apply for more than one post, he/she is required to fill in the form separately and separate application fees as applicable is to be paid.

**5. Pay Scale :-**

1	<b>Assistant Professor</b>	<b>Level 12</b> (Minimum Pay of Rs.1,01,500/- PB3(15600-39100-8000) Plus NPA for medically qualified candidates only. After three years, Assistant Processors will move to <b>Level 13</b> (Minimum Pay of Rs.1,23,100/- (PB4 37400-67000-8700) of the Pay Matrix.
---	----------------------------	--

6. The filled in applications should reach the Executive Registrar, Nizam's Institute of Medical Sciences, Punjagutta, Hyderabad-500082, Telangana State, India as per the last date i.e.17-12-2022 mentioned against the posts. Postal delay shall not be accepted.

**7. APPLICATION FEES : Rs.500/- (Rupees Five Hundred Only)**

- The candidates should pay the prescribed application fee in the Name of the Director, NIMS, Hyderabad.
- Application fee once remitted shall not be refunded under any circumstances.**
- Applications without the prescribed fee will not be considered and summarily rejected.

8. The applicants already in Government service shall have to produce **No Objection Certificate** from the present Employer along with the application form and have to produce the same at the time of Interview.

9. The decision of the Director NIMS, Panjagutta, Hyderabad in all matters relating to eligibility, acceptance or rejection of the applications, penalty for false information, mode of selection, conduct of examination(s), allotment of Examination centers, interview dates, selection and allotment of posts to selected candidates will be final, and no enquiry / correspondence will be entertained in this regard.

Any corrigendum or revision of the advertisement or any other information regarding this recruitment will be posted on the Official website of NIMS, Panjagutta, Hyderabad only in due course. Candidates are advised to visit Institute's website regularly for any updates about this advertisement and selection process.

Based on the declaration of the candidates in their application, they will be provisionally declared eligible to appear for Interview. However, if anyone found not meeting the prescribed qualification/experience and other eligibility criteria as per the advertisement at any stage of the selection processor even after selection, then his candidature will be treated as cancelled without giving them any further notice.

**10. OTHER INFORMATION FOR THE CANDIDATES**

- The Nizam's Institute of Medical Sciences, Hyderabad is an Autonomous Body established under State the Act.
- Service under the Institute is governed by that Act and the Rules & Regulations framed there under.
- Probation period: The period of probation is two years.**
- Assessment Promotion:** A faculty after rendering fixed years of service on a grade may be considered for assessment promotion.



**11. Maximum Age-limit: -**

**Assistant Professor: -** Not exceeding **50 (Fifty)** years as on the last date of the receipt of the application i.e. 17-12-2022. Upper age limit shall be determined as on last date of submission of applications.

- (i) Date of Birth as recorded in the Matriculation/Secondary Examination Certificate only will be accepted by the Institute for determining the age and no subsequent request for change be considered or granted.
- (ii) No age relaxation would be available to SC /ST/OBC Candidates applying for unreserved vacancies.
- (iii) Age relaxation permissible to various categories is as under :-

Sl. No.	Category	Age Relaxation permissible beyond the upper age limit
1.	SC/ST	05 Years
2.	BC	03 Years
3.	PWD	10 Years
4.	Government Servant	05 Years

- (v) The applicants, who do not have requisite qualifications / experiences as advertised as on the last date for submission of applications, will not be considered. However, in case they are called for Screening Test/Interview and appeared for the same does not confer any rights for selection in case they are found not meeting eligibility criteria later on.
- (vi) Incomplete application(s) will be summarily rejected. Applications received after the last date of application will not be considered.
- (vii) The period of experience wherever prescribed shall be counted after obtaining the prescribed educational qualification.
- (viii) **Last Date of the submission of application is 17-12-2022:**
- (ix) The post(s) is/are whole time and private practice of any kind is prohibited.
- (x) The Director, NIMS, Hyderabad reserves the right to increase or decrease the number of vacancies.
- (xi) Canvassing of any kind will be a disqualification.
- (xii) The candidate should not have been convicted by any Court of Law.
- (xiii) In case any information given or declaration by the candidate is found to be false or if the candidate has willfully suppressed any material information relevant to this appointment, he/she will be liable to be removed from the service and any action taken as deemed fit by the Appointing Authority.
- (xiv) The Competent Authority reserves the right for any amendment, cancellation and changes to this advertisement as a whole or in part without assigning any reason or giving notice. Any corrigendum/addendum/amendment to this advertisement and further details about Interview will only be posted on the official website of NIMS, Hyderabad in due course. Therefore, candidates are advised to visit Institute's website regularly for any updates about this advertisement and selection process.
- (xv) The decision of the Competent Authority regarding Interview, Verification of Documents and Selection would be final and binding on all candidates. No representation / correspondence will be entertained in this regard.
- (xvi) **All disputes will be subject to jurisdiction of Court of Law at Hyderabad, Telangana.**

SD/-  
DIRECTOR

PROFORMA OF CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS (EWSs)

Government of.....

(Name & Address of the authority issuing the certificate) INCOME & ASSEST CERTIFICATE TO BEPRODUCED BY  
ECONOMICALLY WEAKER SECTIONS

Certificate No.....

Date:.....

VALID FOR THE YEAR .....

This is to certify that Shri/Smt./Kumari .....  
son/daughter/wife of ..... permanent resident  
of,  
..... Village/Street, ..... Post Office, District..... in the  
..... State/Union Territory..... PIN Code...  
..... whose photograph is attested below belongs to Economically Weaker Sections, since  
the

gross annual income\* of his/her family\*\* is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year  
..... His/her family does not own or possess any of the following assets\*\*\* :

- I. 5 acres of agricultural land and above;
  - II. Residential flat of 1000 sq. ft. and above;
  - III. Residential plot of 100 sq. yards and above in notified municipalities;
  - IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.
2. Shri/Smt./Kumari ..... belongs to the..... caste  
which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Recent passport  
size attested  
photograph of the  
applicant

Signature with seal of Office.....

Name.....

Designation.....

**Note 1:** Income covered all sources i.e. salary, agriculture, business, profession, etc.  
**\*\*Note 2:** The term 'Family' for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years  
**\*\*\*Note 3:** The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

\*\*\*\*\*

PROFORMA OF DISABILITY CERTIFICATES

Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)[See rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)



Certificate No. ....

Date: .....

This is to certify that I have carefully examined Shri/Smt/Kum..... son / wife / daughter of Shri..... Date of Birth

.....(DD/MM/YY)Age.....years, male / female

permanent..... Registration No. .... resident of House No. ....

Ward/Village/Street..... Post Office .....

District..... State ..... whose photograph is affixed above, and am satisfied

that:

(A) he/she is a case of :

• locomotor disability

• dwarfism

• blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is .....



(A) He/ She has .....% (in figure).....percent Disability / dwarfism blindness

..... (part of (in words) permanent relation Locomotor to his/her in body) as per guidelines( ..... number and date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of Notified Medical Authority)

Signature/Thumb impression of the person in whose favour certificate of disability is certificate issued



**Form-VI CERTIFICATE OF DISABILITY**

**(In case of multiple disabilities)**

[See rule 18(1)]

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**



Certificate No. ....

Date: .....

This is to certify that we have carefully examined Shri/Smt/Kum ...../son/wife/daughter of Shri ..... Date of Birth..... (DD)/(MM)/(YY) ..... Age ..... years, male/female..... Registration No..... permanent resident of House No..... Ward/Village/Street..... Post Office ..... District..... State ..... whose photograph is affixed above, and are satisfied that:

(A) He/she is a Case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines (..... number and date of issue of the guidelines to be specified), is as follows:-

In figures: ..... percent

In words: ..... percent

2. This condition is progressive/ non-progressive/ likely to improve / not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended/ after ..... years .....months, and therefore this certificate shall be valid till ..... (DD)/(MM)/(YY)

@ e.g. Left/right/both

arms/legs# e.g. Single eye

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and seal of Member	Name and seal of Member	Name and seal of the Chairperson

Signature/Thumb impression of the person in whose favour certificate of disability is issued.

**Form-VII CERTIFICATE OF DISABILITY**

**(In cases other than those mentioned in Forms V and VI)**

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

[See rule 18(1)]

Recent Passport  
Size Attested  
photograph  
(Showing face the  
only) of person  
with disability

Certificate No. ....

Date: .....

This is to certify that I have carefully examined Shri/Smt./Kum ..... son/wife/daughter of Shri ..... Date of Birth..... (DD)/(MM)/(YY) Age ..... years, male/female..... Registration No. .... permanent resident of House No..... Ward/Village/Street ..... Post Office ..... District..... State ..... whose photograph is affixed above, and am satisfied that he/she is a case of ..... disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant

disability in the table below:-

S. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			



S. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable.)

The above condition is progressive/ non-progressive/ likely to improve/not likely to improve.

2. Reassessment of disability is :

(i) not

Necessary Or

(ii) is recommended/ after ..... years ..... months, and therefore this certificate shall be valid till .....(DD)/(MM)/(YY)

@ - eg. Left/Right/both

arms/legs# - eg. Single eye/both

eyes

€ - eg. Left/Right/both ears

3. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

Signature/Thumb impression of the person in whose favour certificate of disability is issued.

(Authorized Signatory of Notified Medical Authority) (Name and Seal) Countersigned (Countersignature and seal of the Chief Medical Officer/Medical Superintendent/Head of Government Hospital, in case the Certificate is issued by a medical Authority who is not a Government Servant (with seal)) **Note:** In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

**Note:** The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.

Candidates already employed in Central/State Government/Autonomous Institutions / Statutory Organizations/ PSUs under Central/ State Government should get the following endorsement signed by their present employer (appointing authority).

**NO OBJECTION CERTIFICATE**

1. Certified that Dr./Shri/Smt./Kumari \_\_\_\_\_ holds a post of \_\_\_\_\_ for the period from \_\_\_\_\_ to \_\_\_\_\_ on regular basis in this Department/Office/Institution/Organization. **I have no objection to his/her application being considered for the post of \_\_\_\_\_ in the department of \_\_\_\_\_ in NIMS, Hyderabad. In the event of his / her selection to the post, he / she will be relieved from the duty to take up the post of \_\_\_\_\_ in NIMS, Hyderabad**
  
2. Certified that he/she submitted his/her application to the Department /Office/Institution/Organization on \_\_\_\_\_ for onward transmission to **NIMS, Hyderabad.**
  
3. Certified that there are no disciplinary proceedings.

No. \_\_\_\_\_

Signature \_\_\_\_\_

Dated \_\_\_\_\_

Designation \_\_\_\_\_

(Seal with Name & Designation office stamp)



**NIZAM'S INSTITUTE OF MEDICAL SCIENCES**  
*(A University established under the State Act)*  
**PUNJAGUTTA :: HYDERABAD 500 082,TS**  
**APPLICATION FORM FOR FACULTY**

Application Number \_\_\_\_\_

Post Applied for:

Speciality/Department:

Affix self-attested  
Latest pass port  
Size photograph

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

Permanent Address	Present address for communication

7. Telephone No. :STD Code: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Mobile: \_\_\_\_\_

8. Email ID:



9. Social Status : OC/BC/SC/ST/EWS/OTHERS

10. Category :

11. Place of Birth :

12. Place of schooling from 1<sup>st</sup> – 10<sup>th</sup> class :

Sl.	Class	School	Place of study
1	1 <sup>st</sup> Class		
2	2 <sup>nd</sup> Class		
3	3 <sup>rd</sup> Class		
4	4 <sup>th</sup> Class		
5	5 <sup>th</sup> Class		
6	6 <sup>th</sup> Class		
7	7 <sup>th</sup> Class		
8	8 <sup>th</sup> Class		
9	9 <sup>th</sup> Class		
10	10 <sup>th</sup> Class		

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 specialty type of hospital to be provided.

\* The experience of the teaching faculty during DNB Course to be provided.

14. Teaching Experience in MCI Recognized / Central Institute:

Sl	Designation	College/Institute	From to D-M-Y	MCI Recognition

15. Research Experience:

Sl.	Title of Article	Authorship first/2 <sup>nd</sup> / 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.	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	Yes      or      No
-----	--	---------------------

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 also.
24. Pan Number :
25. Any Others:

**DECLARATION**

All the information furnished above is true and correct to the best of my knowledge. I may be punished for any false information furnished as per law.

**Signature of the Applicant**



PARTICULARS OF 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 for SCs/ST/BC.
5. Certificate of PWBD/EWES/Ex-Servicemen/sports from the competent authority
6. MCI Recognition status
7. Provisional or Final MBBS/MD/MS/DM/M.Ch/ DNB Degree Certificate
8. No Objection Certificate and performance report from the current Employer.
9. Experience (designation; date of service from and to- should be mentioned clearly)
10. Form 16 & Pay slip of previous employment to be enclosed
11. Aadhar Number
12. Bank Account Number