**TELANGANA STATE PUBLIC SERVICE COMMISSION**

**APPLICATION PROFORMA FOR ASSISTANT PROFESSORS IN DME**

Name of the Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_years \_\_\_\_\_\_\_\_months

1. **EDUCATIONAL QUALIFICATIONS**
2. **For Medical candidates:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualification | Name of MedicalCollege/Institution/Hospital  | Name of theUniversitywith year of completion | Medical council Registration No. of with date | Name of the StateMedical Council |
| **MBBS/BDS** |  |  |  |  |
| **MD / MS/MDS****( )** |  |  |  |  |
| **DNB****( )** |  |  |  |  |
| **DM / MCh****( )** |  |  |  |  |

1. **For Non – Medical Candidates:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualification | Name of MedicalCollege/Institution/Hospital  | Name of theUniversitywith year of completion | Medical council Registration No. of with date | Name of the StateMedical Council |
| **M.Sc.****( )** |  |  |  |  |
| **Ph D****( )** |  |  |  |  |

Note : For PG, Post PG qualification additional Registration certificate particulars be furnished and subject be furnished within brackets after scoring out whichever is not applicable.

Copies of all Registration Certificates must be attached.

1. **EXPERIENCE**
2. **Present Status:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Designation | Department | College/ Institution/ Hospital | Nature of appointmentPermanent/ Temporary/ Honorary/ Part-time | Date of joining | Period of experience |
|  |  |  |  |  |  |

1. **Details of the previous appointments/teaching experience:-**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Position | Name ofInstitution | From | To | TotalExperience  | Nature of work |
| Post DNB research experience, if any  |  |  |  |  |  |
| Tutor/Demonstrator Registrar/ Sr Resident |  |  |  |  |  |
| Assistant Professor  |  |  |  |  |  |
| Associate Professor   |  |  |  |  |  |
| Professor  |  |  |  |  |  |

**3) DETAILS OF THE RESEARCH**

**a) Publications in Indexed Journals (fallow instructions):-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No.  | Title paper | First Author / Second Author | Name of indexed/national / international journals with ISSN No / NAAS rating | Date of publication  |
|  |  |  |  |  |
|  |  |  |  |  |

**b) Paper Presentations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No.  | Title paper | First Author / Second Author | Name of national / international conference with ISSN No  | Date of publication  |
|  |  |  |  |  |
|  |  |  |  |  |

**Note: Documentary evidence are Mandatory**

**ACADEMIC SCORE CARD FOR ASSISTANT PROFESSORS IN DME**

|  |  |
| --- | --- |
|  |  |

Name of the Candidate : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Male/Female)

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialization(subject) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Follow the details described at Para VI of procedure of selection of the Notification to fill-in score card.

1. **Academic, Research Performance Record (maximum 70 points)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parameter | Board / University | Major Subjects  | Place of Study | Class/ Division/ Merit | % of Marks |  Score claim by candidate | **Max****score** | Enclose. No with page No. |
| 1. MBBS / BDS/MSc(Medical)
 |  |  |  |  |  |  | **20** |  |
| 1. MS / MD / MDS/DNB / PhD (Medical)
 |  |  |  |  |  |  | **10** |  |
| 1. MCh / DM
 |  |  |  |  |  |  | **5** |  |
|  | Title of research Paper | First / Second Author | National /International | ISSN /NAAS rating | Date of Publication |  |  |  |
| 1. Research Publications
 |  |  |  |  |  |  | **20** |  |
| 1. Research paper Presentations
 |  |  |  |  |  |  | **10** |  |
| 1. Teaching experience
 |  |  | **5** |  |
|  |  TOTAL |  | **70** |  |

Attach extra sheet, if necessary with Enclose No.

**Declaration by the Candidate**

It is declared that each statement and contents of this declaration made by the undersigned are absolutely true and correct. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted to be treated as a gross misconduct and thereby liable for necessary disciplinary action (including removal of his/her name from Indian Medical Register).

* **Signature of the Candidate )**

Date :

Place :

**Endorsement**

This endorsement is the certification that the undersigned has satisfied himself/herself about the correctness and veracity of each content of this declaration and endorses the abovementioned declaration as true and correct. In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall also be equally responsible for any such wrong statement.

* **Countersigned by the Director/Dean/Principal )**

|  |  |  |  |
| --- | --- | --- | --- |
| Date:  |   |   |   |
| Place:  |  |  |   |