



NIZAM'S INSTITUTE OF MEDICAL SCIENCES
(A University Established Under The State Act)
Punjagutta, Hyderabad-500082, TELANGANA, INDIA

APPLICATION FORM
Faculty Recruitment

GENERAL INSTRUCTIONS FOR FILLING THIS APPLICATION FORM

- This is a **FILLABLE** Form where you can directly type.. Fill all the applicable fields.
- Use **CAPITAL** letters wherever possible.
- Select appropriate choices from drop-down list wherever necessary.
- In check boxes 'X' indicates tick (selected).
- After filling out, take print out of the filled form, affix your latest passport size photograph at designated place and sign the document before submitting.
- Documents listed at the end to be attached to the printed application form.

Affix your Passport Size Photo here	For Office use	
	Application No.	:
	Date & Time of Receipt	:
Post Applied For: ASSISTANT PROFESSOR		
Department:	<input type="text"/>	
APPLICANTS DETAILS		
Full Name: (in CAPITAL Letters)	<input type="text"/> <i>(Name as recorded in qualifying exam certificate. Don't use Mr./ Miss./ Mrs./ Shri./Dr. etc)</i>	
Date of Birth: (DD-MM-YYYY)	<input type="text"/>	Age (in yrs): <input type="text"/>
Gender:	<input type="text"/>	Place of Birth: <input type="text"/>
Reservation Category:	<input type="text"/>	
Aadhar No.	<input type="text"/>	
PARENTS/ SPOUSE DETAILS		
Father's Name	<input type="text"/> <i>(Don't use Mr./ Shri./Dr. etc)</i>	
Mother's Name	<input type="text"/> <i>(Don't use Mrs./ Shri./Dr. etc)</i>	
Spouse Name (if married)	<input type="text"/> <i>(Don't use Mr./Mrs./ Shri./Dr. etc)</i>	

ADDRESS/ CORRESPONDENCE DETAILS	
Correspondence Address	
Address:	<input type="text"/>
City:	<input type="text"/>
Pin Code:	<input type="text"/>
State:	<input type="text"/>
Email ID:	<input type="text"/>
Mobile No.	<input type="text"/>
Alternate Mobile No:	<input type="text"/>
Permanent Address	<input type="checkbox"/> <i>Same as Corresponding Address</i>
Address:	<input type="text"/>
City:	<input type="text"/>
Pin Code:	<input type="text"/>
State:	<input type="text"/>

PLACE OF SCHOOLING (From 1 st to 10 th)			
S.No.	Class	School	Place of Study
1.	1 st Class	<input type="text"/>	<input type="text"/>
2.	2 nd Class	<input type="text"/>	<input type="text"/>
3.	3 rd Class	<input type="text"/>	<input type="text"/>
4.	4 th Class	<input type="text"/>	<input type="text"/>
5.	5 th Class	<input type="text"/>	<input type="text"/>
6.	6 th Class	<input type="text"/>	<input type="text"/>
7.	7 th Class	<input type="text"/>	<input type="text"/>
8.	8 th Class	<input type="text"/>	<input type="text"/>
9.	9 th Class	<input type="text"/>	<input type="text"/>
10.	10 th Cass	<input type="text"/>	<input type="text"/>

ACADEMIC QUALIFICATIONS			
DEGREE	COLLEGE/ INSTITUTION	UNIVERSITY	MONTH & YEAR OF PASSING
MBBS			
Broad Speciality (MD/ MS/ DNB) (Enter like MD-Pathology) <input type="text"/>			
Super Speciality (DM/MCh/DrNB) (Enter like DM-Neurology) <input type="text"/>			
Any other qualifications:			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			

MCI/ NMC RECOGNITION OF COURSE & MEDICAL COUNCIL REGISTRATION			
DEGREE	MCI/ NMC RECOGNITION	REGISTRATION NO. & COUNCIL NAME	REGISTRATION VALID UPTO
MBBS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>
Broad Speciality (Enter like MD-Pathology) <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>
Super Speciality (Enter like DM-Neurology) <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>

APPLICANTS WITH ONLY DNB/ DrNB QUALIFICATION

Degree	Hospital Bed Strength	Type of Hospital	Teaching Experience of Faculty
DNB			
DrNB			

TEACHING EXPERIENCE OF APPLICANT

S.No.	Designation	College/ Institute	From (DD-MM-YYYY)	To (DD-MM-YYYY)	Duration (Yrs-Mon-Days)
1.					
2.					
3.					
4.					
5.					

RESEARCH EXPERIENCE

- Please attach list of publications as Annexure in following format**

S.No	Title of Article	Journal Name	Month & Year of Publication	Type of Article (Original article/ Metanalysis/ Systematic Review/ Case Series/ Others)	Role as Author (1st, 2nd, 3rd , Corresponding or Others)	Indexed in (Eg.Pubmed, DOAJ etc)

ADDITIONAL INFORMATION

Any Specialized training received in India/ abroad:

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Awards & Recognitions:

- Academic Awards
(Gold medal etc)
- Research Awards
(Best paper etc)

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Fellowships:

Fellowship Title	From Date	To Date

Memberships

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No. of Papers Presented:

- State Conferences
- National Conferences
- International conferences

Are you Currently Employed?
If Yes, NOC obtained from the employer?

YES NO
 YES NO

Notice Period Required to Join, if Selected

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Languages you know:

- To Write
- To Read
- To Speak

Any other information:

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PAYMENT DETAILS

- **All the applicants have to pay prescribed application fee as stated below:**

1. SC/ST Candidates: Rs. 2000/-
2. Others: Rs. 3000/-

Amount Paid: Rs.

In Words:

Mode of Payment *(Please tick mode used and provide relevant details):*

Bank Transfer

Name of the Account: **NIMS ACADEMIC**

Account Number: **50200082261426**

Bank: **HDFC**

Branch: **BANJARA HILLS ROAD NO 7**

IFSC Code: **HDFC0004290**

Address: **PLOT NO 54, ROAD NO 7, BANAJARA HILLS, HYDERABAD, TELANGANA**

- Please fill in the bank transfer details below:

Date of Transfer: UTR No:

Bank Name: Branch:

Cheque/ DD *(The Cheque or DD should be in the name of 'DIRECTOR, NIMS' payable at Hyderabad)*

Cheque/ DD No: Dated:

Drawn on:

Challan at NIMS Cash Counter

Challan Number: Date:

DECLARATION

I hereby declare that I have read all terms and conditions related to the recruitment process. Further, I hereby declare that information provided by me in the 'Application Form' is true, complete and correct to the best of my knowledge and belief. I have not concealed any information. In case any fact mentioned in the Application Form, at any stage is found to be wrong/ incorrect my candidature may be cancelled and I may also be prosecuted as per law.

Signature of the Applicant

PARTICULARS OF THE ENCLOSURES				
		YES	NO	NA
1.	SSC/ 10 th Class Certificate/ Equivalent certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Fee payment details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Provisional or Final MBBS/MD/MS/DM/M.Ch/ DNB Degree Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Study and Conduct Certificate of MBBS/ MD/ MS/ DM/ M.Ch/ DNB/ DNrB course <i>(by the Principal of the College where studied).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Permanent Medical Registration Certificate of UG & PG.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Study Certificate (1 st to 7 th Class) for claiming reservation under any category.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	For candidates who have not studied in any school, Residence Certificate <i>(1st to 7th Class period)</i> for claiming reservation under any category.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Community certificate for SC/ST/BC category applicants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Non-creamy Layer certificate for BC category applicants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Certificate of Disability for PH-OH from the competent authority . <i>(SADAREM certificate for applicants claiming PH reservation)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Sports Certificate from the competent authority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Latest 'Income and Asset Certificate' for applicants claiming EWS reservation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	No Objection Certificate from the current employer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Experience certificate clearly showing designation, College/ Institution, duration of service (<i>"from" to "to"</i>) and nature of service <i>(Teaching or Research or any other)</i> . The candidates should only mention those teaching experiences which are recognized by NMC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Pay slip & Form 16 for FY 2022-23 of previous employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	First attempt pass certificate/Affidavit for the qualifying degree.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Additional qualifications like DNB, Fellowships etc relevant to the Specialty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Academic awards like medals during UG/PG.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Research awards like best paper etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Publications list in prescribed format given under Research Experience along with copies of 1 st Page of each publication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Aadhar card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	PAN Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>NA – Not Applicable Certificates related to item numbers 6 to 12 should be latest and from Telangana Govt. Copies of all the above to be attached to the application. No documents will be accepted after the last date.</p>				