

TIRUMALA TIRUPATI DEVASTHANAMS: TIRUPATI



APPLICATION FOR THE POSTS OF ASSISTANT PROFESSORS (ORTHO, ANAESTHESIA & RADIOLOGIST) AND RESIDENT DOCTORS ON CONTRACT BASIS FOR A PERIOD OF ONE YEAR.

Application No.  
(office use only)

Latest Passport  
size Photo Attested  
by Gazetted Officer

|            |  |                            |   |      |                                   |        |              |   |   |   |   |
|------------|--|----------------------------|---|------|-----------------------------------|--------|--------------|---|---|---|---|
| 1          | Name of the Applicant<br>(in Capital Letters)  | Surname                    |   | Name |                                   |        |              |   |   |   |   |
|            |  |                            |   |      |                                   |        |              |   |   |   |   |
| 2          | Father's Name / Husband Name   |                            |   |      |                                   |        |              |   |   |   |   |
| 3          | Sex  | Male                       |   |      |                                   | Female | Trans Gender |   |   |   |   |
| 4          | Date of Birth (DD-MM-YYYY)   | D                          | D | M    | M                                 | Y      | Y            | Y | Y |   |   |
|            |  |                            |   |      |                                   |        |              |   |   |   |   |
| 5          | Age as on 01-07-2021   | D                          | D | M    | M                                 | Y      | Y            | Y | Y |   |   |
| 6          | Religion   |                            |   |      |                                   |        |              |   |   |   |   |
| 7          | Social Status  | ST/SC/BC/OC                |   |      | If BC Category<br>Specify Group : |        | A            | B | C | D | E |
| 8          | Whether claiming relaxation of Age if<br>any(Specify the category )  |                            |   |      |                                   |        |              |   |   |   |   |
| 9          | Mention for the Post Applied<br>Assistant Professor (Ortho,<br>Anesthesia, Radiologist) and<br>Resident & Senior Resident) |                            |   |      |                                   |        |              |   |   |   |   |
| 10         | Details of School Education<br>(Certificates must be enclosed)   |                            |   |      |                                   |        |              |   |   |   |   |
| Sl.<br>No. | Class  | Name of the School & Place |   |      | Year of Passing                   |        | District     |   |   |   |   |
| 1          | IV   |                            |   |      |                                   |        |              |   |   |   |   |
| 2          | V  |                            |   |      |                                   |        |              |   |   |   |   |
| 3          | VI   |                            |   |      |                                   |        |              |   |   |   |   |
| 4          | VII  |                            |   |      |                                   |        |              |   |   |   |   |
| 5          | VIII   |                            |   |      |                                   |        |              |   |   |   |   |
| 6          | IX   |                            |   |      |                                   |        |              |   |   |   |   |
| 7          | X  |                            |   |      |                                   |        |              |   |   |   |   |

12. Details of Educational Qualification:(Attested copies to been closed)

| POST Details.                         | Please specify qualifying examination | Month and Year of Passing | Max.Marks | Marks obtained | Percentage of Marks | Number of completed years after completion of course notified as on the date of Notification i.e. 01-07-2021 |
|---------------------------------------|---------------------------------------|---------------------------|-----------|----------------|---------------------|--|
| Assistant Professor<br>(Orthopaedics) | MBBS                                  |                           |           |                |                     |  |
|                                       | MS /DNB(ORTHO)                        |                           |           |                |                     |  |
| Assistant Professor<br>(Anaesthesia)  | MBBS                                  |                           |           |                |                     |  |
|                                       | MD /DNB(ANAESTH)                      |                           |           |                |                     |  |
| Assistant Professor<br>(Radiologist)  | MD., Radiologist                      |                           |           |                |                     |  |
| Resident<br>(Ortho/Anaesth)           | MBBS                                  |                           |           |                |                     |  |
|                                       | PG Diploma (Ortho / Anesthesia)       |                           |           |                |                     |  |
| Senior Resident<br>(Ortho / Anaesth)  | MBBS                                  |                           |           |                |                     |  |
|                                       | MS/MD (Ortho / Anaesthesia)           |                           |           |                |                     |  |

13. Registration Details:

|  |                 |            |
|--|-----------------|------------|
| A.P. Medical Council Regd. No & Date for concerned Specialty | Register Number | Valid upto |
|  |                 |            |

14. Address for communication along with PIN Code : (in capital letters)

Name of the Candidate :

Fathers / Husband Name :

House No :

Street :

Village / Town / City/ Mandal :

District PIN Code :

State :

Mobile No. :

E-mail ID if any :

Signature of the Candidate  
(Full name in capital letters)

## **DECLARATION BY THE APPLICANT**

I, Dr. \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_, certify that the particulars given above are correct and true to the best of my knowledge and belief. I also agree that in the event of any of the particulars furnished in my application being found to be incorrect or false at a later date, my appointment will be cancelled summarily and I will be liable for punishments if any as per rules and law.

I, Dr. \_\_\_\_\_ S/o, D/o, W/o, \_\_\_\_\_ will abide by the rules under which I may be appointed and contract service in any part of BIRRD TRUST HOSPITAL / TTD Medical Institutions if selected. I will join in the place where I am posted as per the requirement of the department within the stipulated time specified by the authorities failing which I forfeit my rights to be appointed in this recruitment.

Station :

Date :

**SIGNATURE OF THE APPLICANT**