

TIRUMALA TIRUPATI DEVASTHANAMS: TIRUPATI



APPLICATION FOR THE POST OF ASSISTANT PROFESSORS (ORTHO & ANAESTHESIA) AND
SPINE, PLASTIC, PEDIATRIC (ORTHO) SURGEONS ON CONTRACT BASIS FOR A PERIOD OF ONE
YEAR AT BIRRD TURST HOSPITAL, TIRUPATI

Application No.
(office use only)

Latest Passport
size Photo Attested
by Gazetted Officer

1	Name of the Applicant (in Capital Letters)	Sur Name		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 01-01-2021	D	D	M	M	Y	Y	Y	Y		
6	Religion										
7	Social Status	ST/SC/BC/OC			If BC Category Specify Group :		A	B	C	D	E
8	Whether claiming relaxation of Age if any(Specify the category)										
9	Mention for the Post Applied Assistant Professor (Ortho) / Cardiologist / General Physician										
10	Details of School Education (Certificates must be enclosed)										
Sl.N o.	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 MS/DNB., M.Ch(Plastic Surgery)., FNB(Spine/Pediatric), Fellowship as on the date of Notification i.e. 01-01-2021
Assistant Professors Gr-II (Orthopaedics)	MBBS					
	MS /DNB(ORTHO)					
Assistant Professors Gr-II (Anaesthesia)	MBBS					
	MD /DNB(ANAESTH)					
Spine Surgeon	MS/DNB(Ortho)					
	FNB (Spine) / Fellowship					
Plastic Surgeon	MS., M.Ch (Plastic Surgery)					
Pediatric Orthopaedists	MS/DNB(Ortho)					
	FNB(Pediatric Ortho) / Fellowship					

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