# **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  (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 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, Anesthesia, Radiologist) and Resident & Senior Resident) | |  | | | | | | | | | | | | | | | | | | |
| 10 | Details of School Education  (Certificates must be enclosed) | |  | | | | | | | | | | | | | | | | | | |
| **Sl. 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 |  | | | | |  | | | | | | |  | | | | | | | |

1. 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  **(Orthopaedics)** | MBBS |  |  |  |  |  |
| MS /DNB(ORTHO) |  |  |  |  |  |
| Assistant Professor  **(Anaesthesia)** | MBBS |  |  |  |  |  |
| MD /DNB(Anaesth) |  |  |  |  |  |
| Assistant Professor **(Radiologist)** | MD., Radiologist |  |  |  |  |  |
| Resident (**Ortho/Anaesth**) | MBBS |  |  |  |  |  |
| PG Diploma (Ortho / Anesthesia) |  |  |  |  |  |
| Senior Resident (**Ortho / Anaesth**) | MBBS |  |  |  |  |  |
| MS/MD (Ortho / Anaesthesia) |  |  |  |  |  |

1. 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**