

TIRUMALA TIRUPATI DEVASTHANAMS: TIRUPATI



APPLICATION FOR THE POSTS OF PROFESSOR (ORTHO & ANAES.), ASSOCIATE PROFESSOR (ORTHO/ANAES.), ASSISTANT PROFESSORS (ORTHO, ANAESTH), MEDICAL OFFICER, RESIDENT DOCTOR'S ON CONTRACT BASIS FOR A PERIOD OF TWO YEARS.

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 date.....	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	Mention for the Post Applied: Professor (Ortho/Anaes.), Associate Professor (Ortho/Anaes.), Assistant Professor (Ortho, Anesthesia), Medical Officer, Sr. Resident & Jr. Resident											
9	Details of School Education (Certificates must be enclosed)											
Sl. No.	Class	Name of the School & Place				Year of Passing		District				
1	SSC											
2	Intermediate											

10. Details of Educational Qualification:(Attested copies to be closed i.e., years of experience after obtaining the qualified degree and No. of publications)

POST Details.	Please specify qualifying examination	Month and Year of Passing	Max. Marks	Marks obtained	Percentage of Marks	No. of years of Teaching Experience / Research	No. of publications
Professor (Ortho)	MBBS						
	MS /DNB(ORTHO)						
Professor (Anaes.)	MBBS						
	MS /DNB(ORTHO)						
Associate Professor (Ortho)	MBBS						
	MS /DNB(ORTHO)						
Associate Professor (Anaes.)	MBBS						
	MS /DNB(ORTHO)						
Assistant Professor (Orthopaedics)	MBBS						
	MS /DNB(ORTHO)						
Assistant Professor (Anaesthesia)	MBBS						
	MD /DNB(ANAESTH)						
Medical Officer	MBBS						
	PG						
Resident (Ortho/Anaesth)	MBBS						
	PG Diploma (Ortho / Anesthesia)						
Senior Resident (Ortho / Anaesth)	MBBS						
	MS/MD (Ortho / Anaesthesia)						

11. Registration Details:

A.P. Medical Council Regd.No.	Register Number	Valid upto

12. 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