

OFFICE OF THE DIRECTOR OF MEDICAL EDUCATION:A.P; AMARAVATHI,
VIJAYAWADA.

Rc. No. 43790 / E11.D /2014

Dated: 19- 07-2018

Sub:- DME – To prepare **Seniority list of doctors in Non-Clinical, Clinical, Superspecialty and Dental Specialties** under the control of DME, A.P. from 2013 onwards and cut of date is taken as 31.08.2017. – Reg.

Ref:

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The Heads of the Institutions noted in the address entry are hereby requested to furnish the names of Assistant Professors in the following proforma for preparation of seniority from the year 2013 onwards of Asst. Prof. of **Clinical, Non-clinical, Super - Specialty and Dental Specialties**, along with relevant copies, cut off date is taken as 31 December 2017.

The Head of the Departments are further requested to look into the matter and furnish the information in the following proforma along with self declaration, and relevant copies of the doctors those who are working / long leave / Medical leave as Assistant Professor at their control.

PROFARMA

Sl.No.	Name of the doctor	Qualification	Place of Working	Date of Birth	Date of appointment / Joining as Asst. Prof.	Lateral entry / by Direct Recruitment	Social status	Date of Regularisation & Decl. & prob.	Remarks
1	2	3	4	5	6	7	8	9	10

The above information may be reached by this office on 10.08.2018

This may be treated as most urgent.

Sd/- Dr. K. Babji
Director of Medical Education

To:

All the Principals of Medical Colleges, in the State of Andhra Pradesh.

All the Superintendents of Teaching Hospitals in the State of Andhra Pradesh.

All the Directors Rajiv Gandhi Institute of Medical Sciences Institutions of Andhra Pradesh.

Copy to the Chief Information O/o DME, A.P. Vijayawada, with a request to keep the seniority list in the web site.

Copy to the S/F.

SELF DECLARATION FORM FOR SENIORITY

To:
The Principal / Superintendent,
Through concerned HOD.

Sir,

I am herewith submitting my service particulars as follows;

Sl.No.	PARTICULARS OF DOCTOR
1	Name of the doctor
2	Date of Birth (date - month- year)
3.	Qualification
4.	Date of appointment / Joining as Asst. Prof. (date - month- year)
5.	By Lateral entry / Direct Recruitment
6	Designation
7	Place of working
8.	Social Status (compulsory) if not mentioned it will be treated as OC
9.	Date of service regularisation
10.	Date of declaration of probation

I declare that the above information given by me is true to the best of my knowledge.

Signature of candidate

Date

Verified by concerned officer

Sign of HOD

Date:

Principal / Superintendent