

OFFICE OF THE DIRECTOR OF MEDICAL EDUCATION, ANDHRA PRADESH,
Old Government Hospital Premises, Hanumanpeta, VIJAYAWADA

Rc.No.8632/P1/2017

Dated: 25.09.2019

Sub:- ESTT – APMES – Recruitment of faculty on contract basis at VIMS, Visakhapatnam – those who have applied to the post of Medical Superintendent, Professors, Associate Professor, Assistant Professors and Senior Residents to attend O/o DME, AP, Vijayawada on 30.09.2019 and 01.10.2019 – instructions Reg.

Ref:- 1. G.O. Ms. No. 224, HM&FW(A1) Dept., Dt. 30/11/2018
2. G.O.Ms.No.108 HM&FW (C2) Dept dated 12/02/2019
3. Notification for contract Recruitment of faculty of Medical Superintendent, Professor, Associate Professor, Assistant Professor and Senior Resident.

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It is proposed to conduct interview for those who have applied for the posts of Medical Superintendent, Professor, Associate Professor, Assistant Professor and Senior Resident in various specialties on contract basis to be recruited in VIMS, Visakhapatnam, on 30.09.2019 to 01.10.2019 in the office of the Director of Medical Education, Andhra Pradesh, Vijayawada for certificate verification. The applicant's merit details of Assistant Professors and Senior Residents are uploaded in the DME web site. If any, grievance is to be submitted at the time of interview.

In view of the above all the applicants are instructed for attend for interview and bring the original following documents on the above mentioned dates at 10.30 AM and they should also prepare to stay at Vijayawada during the above said period.

1	S.S.C. Marks list / D.O.B
2	Caste Certificate
3	PG / Super Speciality pass certificate
4	Post Graduation Marks List
5	A.P. Medical Council Registration
6	S.R. Completion Certificate
7	Work Experience certificate typed in table format as shown below
8	Paper publications
9	Differently abled certificate, if any

Sd/- Dr K. Venkatesh
Director of Medical Education

TEQ PROFORMA (FOR CIVIL)

Name of the Candidate : _____

Date of Birth & Age : _____

For MD/MS/DM/M.Ch candidates

Qualification	Name of the Medical College & Univ. *	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS				
MD/MS ()				
DM/M.Ch. ()				

B. For DNB Candidates

Qualification	Name of Medical College/Institution/ Hospital *	Name of the University	Year	Registration Number	Name of the State Medical Council
MBBS					
MD/MS/DM/M.Ch./if any, ()					
D.N.B. ()					

*Mandatory

Note : For PG – Post PG qualification additional Registration certificate particulars be furnished and subject be furnished with brackets after scoring out whichever is not applicable.

Present Designation _____

Department _____

College _____

City _____

Nature of appointment : Permanent/Temporary/Adhoc/Honorary/Part-time

Whether belongs to : O.G. SC/ST/OBC Ex-service Others

Permanent Residential Address :-

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Date of joining present institution:- _____ as _____

Details of the previous appointments/teaching experience:-

Position	Name of Institution	From	To	Total Experience in year
Post DNB research experience, if any				
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor				
Associate Professor				
Professor				

Details of the Research publication in indexed/national journals:-

S. No.	Topic	First Author	Name of indexed/national journals with ISSN No.	If accepted, date of acceptance*	If published, date of publication *

* Mandatory with documentary evidence

It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct. In the even of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action (including removal of his/her name from Indian Medical Register).

(Signature of the Candidate)

Date :

Place :