

**TELANGANA VAIDYA VIDHANA PARISHAD**  
**OFFICE OF THE PROGRAMME OFFICER HOSPITAL SERVICES AND**  
**INSPECTIONS, HYDERABAD**  
**District Hospital premises Kingkoti Phone No: 04024758827**

**Notification No. 08/2013**

**Rc. No. 3517/E1/12**

**Dated:13.12.2017.**

Applications are invited from eligible candidates for appointment on Contract Basis (initially for a period of one year) to the post of Peadiatrician in SNCU, Government Maternity Hospital, Petla burz and Niloufer Hospital, Hyderabad. Application forms and other details can be downloaded from [www.hyderabad.telangana.gov](http://www.hyderabad.telangana.gov). The Last date to submit filled in applications :**03-01-2018**

Application Fee: An amount of Rs 1000-00 for peadiatrician through Demand Draft in Favour of Programme Officer Hospital Services and Inspections, District Head Quarters, Hyderabad (Except for SC/ST Candidates).

Preferance will be given to the back log vacancies i.e. BC(A)(W) and BC(B)(W)

<b>Sl. No.</b>	<b>Name of the Post</b>	<b>Qualifications</b>	<b>Maximum Age Limit</b>
1	Pediatrician	PG in Pediatrics (Degree/Diploma)	Those who have completed 62 years of age are not eligible to apply

SD/-  
PO(HS&I)  
Hyderabad

SD/-  
Joint Collector  
Hyderabad  
Member-

SD/-  
District Collector &  
Chairman of the District

Convenor District

Selection Committee, Hyd

APPLICATION FOR THE POST OF PEADITRICIAN ON CONTRACT BASIS

NOTIFICATION 08/2013

Regd. No. \_\_\_\_\_ (To be filled by office)

Affix pass  
port Size  
Photo

1	Name of the Applicant (In Block Letters)	
2	Father's Name	
3	Gender	
4	Date of Birth	
5	Age as on 01-01-2018	
6	Educational Qualifications	
7	Social Status (Caste)	
8	E-mail ID	
9	Residential Telephone Number	
10	Personal Mobile Number	
11	Whether belongs to Physically Handicapped category	
12	Permanent Registration Numbers of A.P. Medical Council for MBBS & PG Degree / PG Diploma	
13	Details of DD No. & Date	
14	Name of the Bank & Branch	
15	Permanent Address	
16	Present Residential Address for correspondence	
17	Native District	

18. Details of School Study:

Sl. No.	Class	Year of Passing	School & Place	District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

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19. If the candidate studied privately, details of places of residence during the period immediately preceding 10<sup>th</sup> Class. Local Candidature certificate from Revenue authorities to be enclosed.

Sl. No.	Class	Year of residence		Place	District
		From	To		
1	IV				
2	V				
3	VI				
4	VII				
5	VIII				
6	IX				
7	X				

20. Year wise marks obtained in MBBS (MBBS & PG Degree/Diploma Xerox attested copies to be enclosed).

MBBS	Year of Passing	Name of the College & University	Maximum Marks	Marks obtained
I. MBBS				
II. MBBS				
III. MBBS				
IV. MBBS				
Final Year MBBS	Part-I			

	Part-II				
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21. Total Marks obtained in Final Year MBBS (Part.I & Part.II)  
22. Maximum Marks obtained in Final Year MBBS (Part.I & Part.II)  
23. Percentage Marks obtained in Final Year MBBS (Part.I & Part.II)  
24. Month & Year of passing of MBBS :  
25. Month & Year of passing of P.G. Degree :

**DECLARATION**

26) I, Dr. \_\_\_\_\_, S/o. \_\_\_\_\_ certify that the particulars given above are correct 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 shall be cancelled automatically.

27) Dr. \_\_\_\_\_, S/o. \_\_\_\_\_ will abide by the rules under which I may be appointed on contract basis for the period decided by the Selection Committee, if selected. I will join in the place where ever (Hyderabad) I am posted, failing which I shall forfeit my rights of appointment in this recruitment.

SIGNATURE OF THE APPLICANT WITH DATE

