

Notification
Government of Telangana
Director of Medical Education Department
SINGARENI INSTITUTE OF MEDICAL SCIENCES (GMC) RAMAGUNDAM

NOTIFICATION FOR-WALK IN INTERVIEW

The Government of Telangana State - Health, Medical & Family Welfare Department – Director of Medical Education has permitted to fill the vacancies of Professor, Associate Professor, Assistant Professor, Tutors/Demonstrators on contractual basis and Senior Residents on Honorarium basis for a period up to 31.03.2026 (and the services will be extended after receiving the orders from the government) on purely a temporary basis to work in Singareni Institute Of Medical Sciences (Govt. Medical College) / Govt. General Hospital, Ramagundam. Accordingly, the online applications will be accepted from 23.01.2026 to 26.01.2026 on email gmc.ramagundam@gmail.com and application hardcopies can be submitted in the Working days on the above said dates at office of the Principal, Singareni Institute of Medical Sciences(Govt. Medical College) Ramagundam. Selection process will be on 27.01.2026 to 28.01.2026 for (02) days time 10.30 AM to 4.00 PM at Singareni Institute of Medical Sciences(Govt. Medical College) Ramagundam, those who had not applied online can directly come for Walk-in-interview for the selection process with all the required documents

Details of Vacancies:

S.No	Department	Professor	Associate Prof	Assistant Prof	Senior Resident	Tutor& Demonstrator
1	Anatomy	1	1	2	3	4
2	Biochemistry	0	0	0	2	
3	Physiology	0	2	2	1	
4	Pharmacology	0	2	2	1	
5	Pathology	0	3	0	0	
6	Microbiology	1	1	0	1	
7	Forensic Medicine	1	1	0	1	
8	Community Medicine	1	2	3	1	
9	General Medicine	0	2	0	0	
10	General Surgery	0	2	0	0	
11	Puomonology	0	0	0	1	
12	Dermatology	1	1	0	0	
13	Psychiatry	1	1	0	0	
14	ENT	1	1	1	1	
15	Ophthalmology	1	1	0	0	
16	Anaesthesiology	0	3	0	0	
17	Radiology	1	1	0	0	
18	Emergency Medicine	1	1	1	9	
19	Cardiology	0	1	0	0	
20	Neurology	0	0	1	0	
	Total	10	26	12	21	4

Note: Qualification as per NMC TEQ2025, The original certificates MBBS,MD/MS/DNB degree along with MBBS registrationand MS/ MD/DNBDegree/Specialty degree registration ,experience certificate and publication have to be produced at the time of interview. Incomplete applications will be rejected.


 22-1-2026
Principal
Singareni Institute of Medical Sciences (SIMS)
Ramagundam, Dist. Peddapalli Telangana

SIMS (GOVERNMENT MEDICAL COLLEGE) RAMAGUNDAM, TELANGANA STATE
Name of the Post: PROFESSOR/ASSOCIATE PROFESSOR/ASSISTANT PROFESSOR

1. Full Name (Block Letters): _____

2. Father/Husband Name: _____

3. Age & Date of birth: _____ (Years) ____/____/____

4. Photo ID submitted: PAN Card/Aadhar Card/Voter ID/Passport

copy Number: _____

Issuing Authority: _____

Attach a recent passport size color photograph with signature and seal of the Principal/Dean across it

a. Department: _____

b. City/District: _____

5. Complete Residential Address of the employee:

a. Present: _____

b. Permanent: _____

6. Contact details:

a. Mobile Phone Number: _____

b. Email address: _____

7. Have you attended the 'Basic Course Workshop' for training in MET: Yes/No.

8. Educational Qualifications:

Degree	Year	Name of College & University	Registration number with date of registration	Name of State Medical Council
MBBS				
MD/MS				
DM/MCh				
PhD				

9. Details of Teaching experience till date:

Designation*	Department	Institution	From	To	Total
Junior Resident			--/--/---	--/--/---	—(y)—(m)
Senior Resident			--/--/---	--/--/---	—(y)—(m)
Tutor			--/--/---	--/--/---	—(y)—(m)

Asst.Professor			--/--/--	--/--/--	___(y)___(m)
Assoc.Professor			--/--/--	--/--/--	___(y)___(m)
Professor			--/--/--	--/--/--	___(y)___(m)

10. Number of Research articles in Indexed Journals:

International Journals: ----

National Journals: ----

State/Institutional Journals: ___

DECLARATION BY THE CANDIDATE (Post applied for)

(Post applied for)_____ I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis-statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof I am not aware of any circumstance which might impair my fitness for employment.

Date:

Place:

(Signature of the Faculty)

CHECKLIST

Sl	Document	Submitted
1.	Recent Passport size photo of Employee, Signed by Dean/Principal of college.	Yes/No
2.	Photo ID proof (Govt Authority Issued): Passport/PAN Card/Voter ID/Aadhar Card	Yes/No
3.	Certified copy of Appointment order of the present institute.	Yes/No
4.	Proof of Residence: Passport/Voter Card/Electricity/Landline phone bill/Aadhar Card	Yes/No
5.	Joining report at the present institute.	Yes/No
6.	Copies of MBBS, PG, PhD degrees (as applicable).	Yes/No
7.	Copies of MBBS, PG, PhD degree Registration Certificates (as applicable).	Yes/No
8.	Copy of experience certificates of all teaching appointments before joining present post.	Yes/No
9.	Relieving order from the previous institution/posting.	Yes/No
10.	Copy of PAN Card	Yes/No
11.	Form 16A (downloaded from TRACES) for FY 2022-23 (Assessment Year 2023-24)	Yes/No
12.	Letterhead (In case of teachers who are practicing)	Yes/No
13.	Copy of letter from affiliating University recognizing as UG teacher	Yes/No
14.	Copy of letter from affiliating University recognizing as PG teacher (for PG assessment)	Yes/No
15.	Copy of Aadhar Card	Yes/No

SIMS (GOVERNMENT MEDICAL COLLEGE) RAMAGUNDAM, TELANGANA STATE
Name of the Post: Tutor/Senior Resident

1. Full Name (Block Letters): _____
2. Father/Husband Name: _____
3. Age & Date of birth: _____ (Years) ____/____/____
4. Photo ID submitted: PAN Card/Aadhar Card/Voter ID/Passport
 copy Number: _____
 Issuing Authority: _____

Attach a recent passport size color photograph with signature and seal of the Principal/D and cross it.

- a. Department: _____
- b. City/District: _____
5. Complete Residential Address of the employee:
- a. Present: _____

- b. Permanent: _____
6. Contact Information:
- a. Mobile Phone Number: _____
- b. Email address: _____

7. Have you attended the 'Basic Course Workshop' for training in MET: Yes/ No.

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Senior Resident			__/__/__	__/__/__	__(y)__(m)
Tutor			__/__/__	__/__/__	__(y)__(m)

10. Number of Research articles in Indexed Journals:

- a. International Journals: ----
b. National Journals: ----
c. State/Institutional Journals: ____

DECLARATION BY THE CANDIDATE (Post applied for)

(Post applied for), I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis-statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof I am not aware of any circumstance which might impair my fitness for employment.

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4.	Proof of Residence: Passport/Voter Card/Electricity/Landline phone bill/Aadhar Card	Yes/No
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