



NIZAM'S INSTITUTE OF MEDICAL SCIENCES
(A UNIVERSITY ESTABLISHED UNDER THE STATE ACT)
PANJAGUTTA, HYDERABAD – 500082

Rc.No:HR1/742/2023/R

Dt: 11-09-2023

NOTIFICATION FOR DIRECT RECRUITMENT OF FACULTY (ASSISTANT PROFESSORS)

Applications from eligible persons are invited for the following faculty (Assistant Professor) posts on direct recruitment basis in various departments.

S. No	Name of the Department	OC		BC-A		BC-B		BC-C		BC-D		BC-E		SC		ST		PH (OH)		EWS		Sports		Total
		N	B	N	B	N	B	N	B	N	B	N	B	N	B	N	B	N	B	N	B	N	B	
1	ANAESTHESIOLOGY			1	1									1						1		1		5
2	CARDIOLOGY	2												1	1		1		1					6
3	CARDIOTHORACIC & VASCULAR SURGERY	1		1														1		1				4
4	EMERGENCY MEDICINE					1*																		1
5	GENERAL MEDICINE	1															1							2
6	HEMATOLOGY				1			1																2
7	HOSPITAL ADMINISTRATION	1											1											2
8	MED. GASTROENTEROLOGY	1												1		1								3
9	MEDICAL GENETICS		1							1														2
10	MEDICAL ONCOLOGY									1		1	1							1				4
11	MICROBIOLOGY															1								1
12	NEPHROLOGY			1																				1
13	NEUROLOGY								1								1							2
14	NEUROSURGERY			1	1																			2
15	NUCLEAR MED			1															1					2
16	PATHOLOGY	1															1							2
17	PLASTIC SURGERY	1			1								1											3
18	RADIOLOGY		3										1		1					1				6
19	RADIATION ONCOLOGY									1														1
20	RHEUMATOLOGY	1		1										1										3
21	SURG. GASTROENTEROLOGY	1			1				1								1	1						5
22	SURGICAL ONCOLOGY	1										1				1								3
23	UROLOGY			1																				1
24	VASCULAR SURGERY				1															1				2
	TOTAL	11	4	3	4	6	1	0	1	2	3	0	2	6	3	4	5	2	2	5	0	1	0	65

*BC-B backlog post was reserved for woman

Note: a) 33.3% of the **New posts** in each category are horizontally reserved for women.

b) For backlog vacancies, 33.3% horizontal reservation for women shall include the posts already filled against previous notification No.HR1/603/2022/R, dated 30.11.2022.

Abbreviations Used: OC- Open category, BC- Backward Class, SC-Scheduled Caste, ST-Scheduled Tribe, PH(OH) - Physically Handicapped (Orthopedically Handicapped), EWS-Economically Weaker Section, N – New posts, B – Backlog posts.

IMPORTANT NOTE:

1. The above vacancies are provisional and subject to variation. The Director, NIMS, Panjagutta, Hyderabad reserves the right to vary the vacancies including reserved vacancies as per the Govt. of Telangana Rules/Circulars and the Institute requirements or otherwise. The Institute reserves the right to cancel the entire notification or cancel selection of any of the post(s) as felt necessary.

2. **RESERVATION:**

- i. Reservation will be as per Government of Telangana Policy.
- ii. Candidates applying against any of the reserved category posts, viz. SC/ ST/ BC/ PH-OH/ EWS/ Spts will be considered on production of valid Caste/ PH-OH / EWS/ Sports Certificate issued by the Appropriate/ Competent Authority of Government of Telangana on the prescribed format. Community should be clearly and legibly mentioned in the Certificate.
- iii. The applicants claiming Backward classes reservation should produce “Non- Creamy Layer” certificate issued by competent authority of Telangana government. **If applicants fail to produce Non-Creamy Layer certificate, they will be treated as OC category.** The certificate should be of the current financial year and in accordance with instructions issued by the Government of Telangana in this respect from time to time. BC candidate(s) should not belong to Creamy Layer and their sub-caste should match with the entries in the Govt List of BC, failing which their candidatures will not be considered under any of the applied reserved category post(s).
- iv. Reservation for Economically Weaker Sections (EWS) shall be applicable as per Govt. of Telangana policy, vide G.O.Ms.No. 242, dated 24-08-2021 followed by any further amendments. Candidates must ensure that they have a valid EWS certificate on the last date of submission of application. EWS Candidates shall attach certificate issued by the Competent Authority in the prescribed format for the latest Financial Year along with application.

In case suitable Economically Weaker Sections (EWS) candidates are not found, these posts will neither be carried forward nor considered as backlog vacancies. Hence OC category candidates are also provisionally allowed to apply against EWS posts and they may be considered in case suitable EWS candidates are not found to fill up these posts reserved for EWS. However the application fee paid by such OC candidates will not be refunded under any circumstances.

- v. Person who wants to avail the benefit of reservation under PH-OH would have to submit a Disability Certificate as issued by a Competent Authority in prescribed format. However, the candidature of PH-OH applicant is subject to evaluation by a Medical Board duly constituted by the Director, NIMS. This Medical Board will evaluate suitability of candidates for the post he/ she being considered for. All the instructions of Govt. of Telangana as amended and as applicable in this matter will be followed.
- vi. Person who wants to avail the benefit of reservation under Sports category would have to submit a Certificate as issued by a Competent Authority in prescribed format. The reservation for ‘Meritorious Sports Persons’ is applicable as per the amendments made to State and Subordinate Service Rules (G.O.Ms.No.107, General Administration (Ser. D) Dept., Dt. 27-07-2018) and G.O. Ms. No.5, YAT&C (Sports) Department, Dt. 14/05/2018, or as may be revised by the government from time to time. The proforma for obtaining sports certificates are given at Annexure

In case suitable Sports category candidates are not found, these posts will neither be carried forward nor considered as backlog vacancies. Hence OC category candidates are also provisionally allowed to apply against Sports category posts and they may be considered in case suitable candidates are not found to fill up these posts reserved under Sports category. However the application fee paid by such OC candidates will not be refunded under any circumstances.

- vii. Reservation for BC-E group will be subject to the adjudication of the litigation before the Honorable Courts
 - viii. The Applicants belonging to states other than Telangana are not entitled to any kind of reservation.
3. The cut-off date to determine the maximum age limit, essential qualification, experience and others will be the last date of submission of the application at NIMS.
 4. The period of experience wherever prescribed shall be counted after obtaining the prescribed Academic qualification.
 5. **Essential Qualifications & Experience for the Posts are as under:-**

SPECIALITIES	ACADEMIC QUALIFICATIONS	EXPERIENCE
1. BROAD SPECIALTIES		
IA. Courses established by erstwhile MCI and are in existence for more than 10 years: Anaesthesiology, General Medicine, Hospital Administration, Microbiology, Nuclear Medicine, Pathology, Radiology, Radiation Oncology	MD/DNB** in the concerned subject.	Three years teaching experience in recognized Institution in the subject of specialty after obtaining the qualifying degree of M.D. /M.S/ DNB**
IB. Courses established by erstwhile MCI and are in existence for less than 10 years: Emergency medicine	MD/DNB** (Emergency Medicine) OR MD/MS/DNB** (General Medicine, Anaesthesiology, Respiratory Medicine, General Surgery, Orthopaedics)	Three years teaching experience in recognized Institution in the subject of specialty after obtaining the qualifying degree of M.D. /M.S/ DNB**
SUPER SPECIALTIES		
IIA. Courses established by erstwhile MCI and are in existence for more than 10 years: Cardiology, Cardiothoracic & Vascular Surgery, Hematology, Medical Gastroenterology, Medical Oncology, Nephrology, Neurology, Neurosurgery, Plastic Surgery, Surgical Gastroenterology, Surgical Oncology, Urology, Vascular Surgery	DM/M.Ch/DNB** in the concerned subject	

<p>IIB. Courses established by erstwhile MCI and are in existence for less than 10 years: Medical Genetics, Rheumatology</p>	<p>For MEDICAL GENETICS DM/DNB** (Medical Genetics) OR MD/DNB** (General Medicine, Paediatrics, Obstetrics and Gynaecology)## For RHEUMATOLOGY AND CLINICAL IMMUNOLOGY DM/DNB** (Clinical Immunology and Rheumatology) OR MD/DNB** (General Medicine, Paediatrics)##</p>	<p>## Training for three years in the respective Super Specialty subject in a teaching Institution/Centre of Excellence with dedicated service in that specialty</p>
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**** Determination of equivalence of the qualification of DNB (Broad Specialties) with MD/MS and DNB (Super Specialties) with DM/MCh:** The Diplomat of National Board (DNB) in broad specialty and super specialty qualifications when granted in a medical institution with attached hospital or in a hospital with the strength of five hundred or more beds, by the National Board of Examinations, shall be equivalent in all respects to the corresponding broad specialty (MD/MS) and super specialty (DM/MCh) postgraduate qualification, but in all other cases, senior residency in a medical college for an additional period of one year shall be required for such qualification to be equivalent for the purposes of teaching.

6. The applicants applying in response to this advertisement should satisfy themselves regarding their eligibility for the post applied for. They must be fulfilling eligibility criteria as on the closing date of applications failing which their application will be rejected. In case it is found that they are not fulfilling any of the criteria at any stage, their candidature will summarily be rejected.

Equivalent Qualification: At the time of verification of certificates, if it is noticed that any applicant who possesses a qualification other than requisite qualification and claims that said qualification is equivalent to the requisite qualification, the matter shall be referred to an ‘Expert Committee’ constituted by the Director, NIMS and the Director will take a decision based on the report of the ‘Expert Committee’.

7. In case a candidate wishes to apply for more than one post or for the same post under different categories, he/she is required to submit separate application forms and separate application fees as applicable is to be paid.

8. Pay Scale & Allowances:

<p>Assistant Professor</p>	<p>Level 12 in the Pay Matrix (Entry Basic Pay of Rs.1,01,500/- in the pay scale of 101500-167400) plus NPA and other usual allowances. After three years, Assistant Professors will move to Level 13 with Minimum Pay of Rs.1,23,100/- (123100-215900) of the Pay Matrix.</p>
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9. The application form is provided as a separate fillable PDF form. This can be downloaded from the institute website. Instructions to fill and submit the form are provided in the form itself. The filled in and signed applications with all enclosures should reach the following address by 4 PM on the last date i.e. **30-09-2023**. Postal delay shall not be accepted.

The Executive Registrar,
Nizam's Institute of Medical
Sciences,
2nd floor, Old Block,
Punjagutta, Hyderabad-500082,
Telangana State, India

The envelope containing the application should be **super scribed** with “**Application for the post of Assistant Professor in the Department of _____**” in response to notification dated _____.

Candidates are advised to fill their correct and active e-mail ID in the application, as all correspondences will be made by the Institute through e-mail. Test/ Interview schedule will be mailed in due course to the candidate to their registered e-mail.

Any query regarding the application process may be sent through email to nimshr1section@gmail.com

10. In addition to the application form, the applicants shall also mandatorily fill the Google form seeking details relevant to the pre-interview marking. The link for the same is given below:

<https://forms.gle/CQQzUaA8NM3eRLVv8>

11. APPLICATION FEES:

For SC & ST applicants : Rs. 2,000/-
For others : Rs. 3000/-

The details of mode of payment are provided in the application form. Application fee once remitted shall not be refunded under any circumstances. Incomplete applications and applications without the prescribed fee will not be considered and summarily rejected.

12. No Objection Certificate

The applicants who are already in Government service shall have to produce No Objection Certificate (NOC) from their present employer at the time of Interview or as per the instructions issued from time to time. However, they have to take prior permission from their employer while applying for the post. No candidate will be allowed to appear for the interview without NOC from his employer.

13. Maximum Age limit and Age relaxation:

- i. Assistant Professor: Not exceeding **50 (Fifty)** years as on the last date of the receipt of the application i.e. 30-09-2023.
- ii. Date of Birth as recorded in the Matriculation/ Secondary Examination Certificate only will be accepted by the Institute for determining the age and no subsequent request for change will be considered or granted.
- iii. Age relaxation permissible to various categories is as given below:

Sl. No.	Category	Age Relaxation permissible beyond the upper age limit
1.	SC/ST	05Years
2.	BC	03Years
3.	PWD	10 Years
4.	Government Servant	05Years

- iv. No age relaxation would be available to SC/ST/BC candidates applying/considered for OC vacancies.

14. METHOD OF SELECTION

The prescribed qualification is minimum and mere possessing the same does not entitle any candidate to be called for interview or for selection. Based on the application, the Screening Committee may short- list candidates for interview. If required there may be Screening test to shortlist candidates for interviews. Candidates called for interview will have to produce all relevant original documents in proof of details furnished in their application at the time of interview. They may also be asked to submit an affidavit/declaration as decided by the NIMS, Hyderabad at time of Interview. The method of Selection and any other matter relating to the selection process will be decided by the Director/Selection Committee.

Based on the declaration of the candidates in their application, they will be provisionally declared eligible to appear for Interview. However, if anyone is found not meeting the prescribed qualification/experience and other eligibility criteria as per the advertisement at any stage of the selection process or even after selection, then his candidature will be treated as cancelled without giving them any further notice.

The Institute uses an objective method of assessment of candidates. This includes marking before and during interview. Marking before interview is based on, but is not limited to, prior academic achievements, training, additional qualifications/experience, awards and publications etc.

Suitability of candidate for the notified post will be decided based on the performance during the interview and the decision of the Selection Committee shall be final. Only the candidates found suitable by the Selection Committee will be ranked based on the combined marks obtained at pre-interview objective assessment and interview marks in the ratio of 80:20. Further selection process will be based on these ranks.

15. OTHER TERMS & CONDITIONS

- i. **Site of Interview:** Interview will be held at NIMS, Hyderabad or any other place as decided by the Director, NIMS. No TA/DA will be paid for attending the interview.
- ii. **NIMS, Hyderabad decision is final:** The decision of the Director, NIMS, Hyderabad in all matters relating to eligibility, acceptance or rejection of the applications, penalty for false information, interview dates, mode and methodologies of selection, and issuing appointment orders will be final and binding on the candidates and no enquiry / correspondence will be entertained in this regard.
- iii. Service under the Institute is governed by NIMS Act and the Rules & Regulations framed there under.
- iv. Probation period: The period of probation is two years.
- v. **Assessment Promotion:** A faculty after rendering fixed years of service on a grade may be considered for assessment promotion subject to the Rules and Regulations applicable from time to time.

16. OTHER INSTRUCTIONS:

- i. The applicants, who do not have requisite qualifications / experiences as advertised as on the last date for submission of applications, will not be considered. However, in case they are called for Screening Test/Interview and appeared for the same, that does not confer any rights for selection in case they are found not meeting eligibility criteria later on.
- ii. **Last Date for the submission of application is 30-09-2023 till 4 PM.**
- iii. Incomplete application(s) applications received after the last date of application will not be considered.
- iv. The required original certificates should be submitted at the time of verification of certificates or whenever called for. Failure to produce the required certificates will lead to disqualification.
- v. The claim of the applicants with regard to the date of birth, educational qualifications and community etc., are accepted provisionally on the basis of information furnished by them in their application form and is subject to verification and satisfaction of the Screening/Selection Committee. Mere inclusion of the name of an applicant in a Merit List will not confer on the applicant any right for appointment. The candidature is therefore, provisional at all stages and the Institute reserves the right to reject candidature at any stage of the selection even after declaration of results, if any mistake is noticed at a later date.
- vi. The employees of the Institute will be governed by the New Pension Scheme as per the policy of Telangana Government.
- vii. The posts are whole-time and private practice of any kind is prohibited.
- viii. The Director, NIMS, Hyderabad reserves the right to increase or decrease the number of vacancies.
- ix. Canvassing of any kind will be a disqualification.
- x. The candidate should not have been convicted by any Court of Law.

- xi. In case any information or declaration given by the candidate is found to be false after appointment or if the candidate has willfully suppressed any material information relevant to this appointment, he/she will be liable to be removed from the service and further action taken as deemed fit by the Appointing Authority.
- xii. The Director reserves the right of any amendment, cancellation and changes to this advertisement as a whole or in part without assigning any reason or giving notice. Any corrigendum/ addendum/ amendment to this advertisement and further details about Interview will only be posted on the official website of NIMS, Hyderabad in due course. Therefore, candidates are advised to visit Institute's website <https://nims.edu.in/> regularly for any updates about this advertisement and selection process.
- xiii. The decision of the Director regarding verification of documents, interview and selection would be final and binding on all candidates. No representation/ correspondence will be entertained in this regard.
- xiv. All disputes will be subject to jurisdiction of Court of Law at Hyderabad, Telangana.

S/D
DIRECTOR

PROFORMA OF CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS (EWS)

GOVERNMENT OF TELANGANA

(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No.....

Date:.....

VALID FORTHEYEAR

1. This is to certify that Shri /Smt./Kumari
son/ daughter/wife ofpermanent
resident of,Village / Street,.....Post Office,
District..... in the State/ Union Territory.....
PIN Code whose photograph is attested below belongs to Economically Weaker Sections ,
since the Gross annual income* of his/her family** is below Rs. 8 Lakh (Rupees Eight Lakh only) for
the financial year..... His / her family does not own or possess any of the following assets***:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000sq.ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200sq.yards and above in areas other than the notified municipalities.

2. Shri/ Smt./ Kumari.....belongs to the caste
which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Recent passport
size attested
photograph of the
applicant

Signature with seal of
Office.....

Name.....

Designation.....

* Income covered all sources i.e. salary, agriculture, business, profession, etc.

** The term 'Family' for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/ her spouse and children below the age of 18years

*** The property held by a "**Family**" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

PROFORMA OF DISABILITY CERTIFICATES

Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

[See rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)



Certificate No.....

Date:

This is to certify that I have carefully examined Shri/Smt/Kum.....
son/wife / daughter of Shri..... Date of Birth
..... (DD/MM/YY) Age..... years, male/female, permanent Registration No.
..... Resident of: Ward/Village/Street..... Post
Office..... District..... State..... whose photo graph is
affixed above, and am satisfied that:

(A) He/she is a case of:

- Locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is

(C) He/ She has% (in figure).....percent
Disability / dwarfism / blindness (part of (in words) permanent
relation Locomotor to his/her in body) as per guidelines(number and date of issue of
the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorized Signatory of Notified Medical Authority)

Signature/Thumb impression of the person in whose favour certificate of disability is certificate issued

Form-VI

CERTIFICATE OF DISABILITY

(In case of multiple disabilities)[See rule 18(1)]

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent size
Passport
Attested
Photograph
(Showing face
only)

Certificate No.....

Date:.....

This is to certify that we have carefully examined Shri / Smt / Kum....., son /wife /daughter of Shri Date of Birth.....(DD)/(MM)/(YY) Age,years, male/female....., Registration No. permanent resident of house no.....Ward/ Village/ Street Post Office.District.....State.....whose photograph is affixed above, and are satisfied that:

(A) He/she is a Case of Multiple Disability. His/her extent of permanent physical impairment/ disability has been evaluated as per guidelines (number and date of issue of the guidelines to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability		Affected part of body	Diagnosis	Permanent physical Impairment /mental disability(in%)
1.	Locomotor disability		@		
2.	Muscular Dystrophy				
3.	Leprosy cured				
4.	Dwarfism				
5.	Cerebral Palsy				
6.	Acid attack Victim				
7.	Low vision		#		
8.	Blindness		#		
9.	Deaf		£		
10.	Hard of Hearing		£		
11.	Speech and Language disability				
12.	Intellectual Disability				
13.	Specific Learning Disability				
14.	Autism Spectrum Disorder				
15.	Mental illness				
16.	Chronic Neurological Conditions				
17.	Multiple sclerosis				
18.	Parkinson's disease				
19.	Haemophilia				
20.	Thalassemia				
21.	Sickle Cell disease				

2. In the light of the above, his/her over all permanent physical impairment as per guideline) number and date of issue of the guidelines to be specified), is as follows:-

In figures:..... percent

In words:..... percent

3. This condition is progressive / non-progressive / likely to improve / not likely to improve.

4. Re-assessment of disability is:

i. Not necessary,

Or

ii. is recommended / after.....years..... months, and therefore this certificate shall be valid till.....(DD)/(MM)/(YY)

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ e.g. Left/Right/both ears

5. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority.

Name and seal of Member	Name and seal of Member	Name and seal of The Chairperson

Signature/ Thumb impression of the person in whose favour certificate of disability Is issued.

Form-VII

CERTIFICATE OF DISABILITY

(In cases other than those mentioned in Forms V and VI)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

[See rule 18(1)]

Recent Passport
Size Attested
photograph
(Showing face the
only) of person
with disability

Certificate No.....

Date:

This is to certify that I have carefully examined Shri /Smt ./Kum..... son/ wife /daughter of
Shri..... Date of Birth..... (DD)/(MM)/(YY) Age
years..... male/female....., Registration No..... permanent resident of House
No..... Ward/ Village/ Street.....
Post OfficeDistrictState.....whose
photograph is affixed above, and am satisfied that he/she is a case
of.....disability.His/her extent of percentage physical impairment/disability has been evaluated as per
guidelines (to be specified) and is shown against the relevant

Disability in the table below:-

S. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability (in%)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			

S. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability (in%)
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive / non-progressive / likely to improve / not likely to improve.

3. Reassessment of disability is:

(i) not necessary

Or

(ii) is recommended/ after.....years months, and therefore this certificate shall be valid till.....(DD)/(MM)/(YY)

@ eg. Left/Right/both arms/legs

eg. Single eye/both eyes

€ eg. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorized Signatory of Notified Medical Authority)

(Name and Seal)

Countersigned

(Countersignature and seal of the

Chief Medical Officer/Medical Superintendent /

Head of Government Hospital, in case

the Certificate is issued by a medical

Authority who is not a Government

Servant (with seal))

Signature/Thumb impression of the person in whose favour certificate of disability is issued.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if counter signed by the Chief Medical Officer of the District.

Note: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.

Candidates already employed in Central/State Government/Autonomous Institutions/ Statutory Organizations / PSUs under Central / State Government should get the following endorsement signed by their present employer (appointing authority).

NO OBJECTION CERTIFICATE

1. Certified that Dr./ Shri/Smt./Kumari _____ holds a post of _____ for the period from _____ to _____ on regular basis in this Department / Office / Institution / Organization. I have no objection to his / her application being considered for the post of _____ in the department of _____ in NIMS, Hyderabad. In the event of his/ her selection to the post, he / she will be relieved from the duty to take up the post of _____ in NIMS, Hyderabad.

2. Certified that he/she submitted his/her application to the Department/Office/Institution/Organization on _____ For onward transmission to **NIMS, Hyderabad.**

3. Certified that there are no disciplinary proceedings.

No. _____

Signature _____

Dated _____

Designation: _____

(Seal with Name & Designation office stamp)

ANNEXURE-II

FORM – VII B

Serial No.

District Code:

BC-A/B/C/D/E

Emblem

Mandel Code:

Certificate No.

Village Code:

Creamy Layer / Non – Creamy Layer Certificate for Backward Classes Groups-A, B, C, D & E
applying for appointments to Civil Posts and Services within the
State of Telangana

This is to certify that Shri/Smt/Kumari _____ son/ daughter of
_____ Village/ Town _____ Door No.
_____ Street Name. _____ in the _____ Taluka in __ Mandel
_____ in the Telangana State belongs to _____ community
_____ Religion which is recognized as a Backward Class under Group
_____ at Sl.No. _____ in the State of Telangana vide G.O.Ms.No.34, BC Welfare
(OP) Dept., Dt: 08.10.2015. This is also to certify that he / she does / does not belong to the persons /
sections (Creamy Layer) mentioned in column - 3 of the schedule to the Government of India,
Department of Personnel & Training O.M.No.36033/1/2013-Estt. (Res), dt : 13.10.2017 adapted by
Government of Telangana vide G.O.Ms.No.20, BC Welfare (OP) Dept., dt: 31-10-2017.

ISSUING AUTHORITY*

Signature:

Date: (Seal)

Name in Capital Letters:

Designation:

*All the Revenue Officials in the State of Telangana not below the rank of Tahsildars

(ANNEXURE TO G.O.Ms.No.74, YOUTH ADVANCEMENT, TOURISM & CULTURE (SPORTS) DEPARTMENT Dated:09-08-2012)

ANNEXURE – III

FORM – 1

(For representing India in an international Competition / Multinational Competition in one of the recognized Games/Sports)

NATIONAL FEDERATION/NATIONAL ASSOCIATION OF _____

Certificate to a meritorious sportsperson for Employment to Group-I & II Post Service under the State Government.

Certified that Shri/Smt./Kumari _____ Son/Wife/Daughter of Shri _____ resident of (complete address) _____ represented the Country in the game/event of _____ in _____ Competition/ Tournament held at _____ from _____ to _____. The position obtained by the individual/team in the above said Competition/Tournament was _____.

The Certificate is being given on the basis of records available in the Office of National Federation/National Association of _____

Place _____

Date _____

Signature _____

Name _____

Designation _____

Name of the Federation/
National Association

Address _____

Seal _____

Note:- This Certificate will be valid only when signed personally by the Secretary, National Federation/National Association.

FORM - 2

(For representing a State in India in a National Competition in one of the recognized Games/Sports)

STATE ASSOCIATION OF _____

Certificate to a meritorious sportsperson for Employment to Group-III Posts/ Service under the State Government/similar posts in Government Institutions.

Certified that Shri/Smt./Kumari _____ Son/Wife/Daughter of Shri _____ resident of (complete address) _____ represented the State of _____ in the game/event of _____ in the National Competition/Tournament held at _____ from _____ to _____.

The position obtained by the individual/team in the above said Competition/ Tournament was _____

The Certificate is being given on the basis of records available in the Office of the State Association of _____.

Place _____

Date _____

Signature _____

Name _____

Designation _____

Name of the State

Association _____

Address _____

Seal _____

Note:- This Certificate will be valid only when signed personally by the Secretary of the State Association

FORM - 3

(For representing a University from A.P. State in the Inter-University Competition at National level / Zonal level / Regional level in one of the recognized Games/Sports).

UNIVERSITY OF _____

Certificate to a meritorious sportsperson for Employment to Group-IV Posts / Service under the State Government/similar posts in Govt. Institutions.

Certified that Shri/Smt./Kumari _____ Son/Wife/Daughter of Shri _____ resident of (complete address) represented the University of _____ in the game/event of _____ in Inter-University Competition/Tournament held at _____ from _____ to _____.

The position obtained by the individual/team in the above said Competition/ Tournament was _____.

The Certificate is being given on the basis of records available in the Office of Dean of Sports or Officer in overall charge of Sports in the University of _____.

Place _____

Date _____

Signature _____

Name _____

Designation _____

Name of the University _____

Address _____

Seal _____

Note:- This Certificate will be valid only when signed personally by Dean/Director or other Officer in overall charge of Sports in the concerned University.

FORM - 4

(For representing a State School Team in the National Games for School children in one of the recognized Games/Sports)/Representation at Regional & State level.

DISTRICT EDUCATIONAL OFFICER Govt. of A.P. / District Sports Development officers, District Sports Authority.

Certificate to a meritorious sportsman for Employment to Last Grade Service under the State Government/similar posts in Govt. Institutions.

Certified that Shri/Smt./Kumari _____ Son/Wife/Daughter of Shri _____ resident of (complete address)

_____ represented the _____ State School Team in the game/event of _____ in the National Games for School / Regional level / State Level held at _____ from _____ to _____.

The position obtained by the individual/team in the above said Competition/ Tournament was _____.

The Certificate is being given on the basis of records available in the Office of District Educational Officer/District Sports Development Authority.

Place _____

Date _____

Signature _____

Name _____

Designation _____

Address _____

Seal _____

Note:- This Certificate will be valid only when signed personally by the District Educational Officer or overall in-charge of Sports/Games for School in the concerned District / or District Sports Development Officer, District Sports Authority.

**GOVERNMENT OF TELANGANA
REVENUE DEPARTMENT**

Application No

EWS

Date : -----/----- /----- .

**INCOME CERTIFICATE FOR ECONOMICALLY WEAKER SECTIONS VALID
FOR THE YEAR _____**

This is to certify that Shri/ Srimathi /Kumari. _____ S/o
/ D/o / W/o. _____ Permanent resident of
_____ Village / Town _____ Post Office _____
District _____ in the State/Union Territory **Telangana** PIN Code _____ whose
photograph is attested below belongs to Economically Weaker Sections, since gross annual
income* of his/her 'family'** is below Rs.8 lakh (Rupees Eight Lakh Only) for the financial
year _____ - .

Shri /Srimathi /Kumari _____ belongs to
the _____ caste which is not recognized as Scheduled Caste, Scheduled Tribe
and Other Backward Class (Central List).

Certified By

Photograph of the applicant

Name :

Designation :

Mandal :

District :

* **Note:** Income covered all the sources i.e, salary, agriculture, business, profession etc..,

** **Note:** The term "**Family**" for this purpose include the person, who seeks benefits of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.