

NIZAM'S INSTITUTE OF MEDICAL SCIENCES  
(A UNIVERSITY ESTABLISHED UNDER THE STATE ACT)  
PANJAGUTTA ::::::::::: HYDERABAD – 500 082

Rc.No:HR1/260/2022/R.

Dt: 28-09-2022

NOTIFICATION

1) Applications along with a registration fee of Rs.500/- are invited from the eligible Candidates for filling up the post of Medical Officers in Emergency Medicine Department.

2) The required qualifications other details and application form can be downloaded from the Institute website [www.nims.edu.in](http://www.nims.edu.in)

3)

Medical Officers for Emergency Medicine Department

4) For Emergency Medicine Department with MBBS qualification for the post of Medical Officers with age below 34 years. Preferably with Skilled in Resuscitation intubation, Diagnosis, Treating Emergency Cases, Reading ECG, Tracheotomy, Suturing and knowledge in handling MLC cases etc., or be willing to complete training in these skills. Successful candidates will be appointed to short term contract for a period of **one year** on consolidated pay as detailed.

Sl	Qualification	Consolidated Pay in rupees.	Number of vacancies
1	MBBS	Rs.50,000/- Per month	<b>08</b>

5) The eligible qualification should be recognized by the Medical Council of India.

6) Candidates, interested may attend for Walk in Interview with filled in application down load from the Institute website [www.nims.edu.in](http://www.nims.edu.in). along with certificates and by paying Rs.500/- in NIMS cash counter.

7) The Institute reserves the right to fill up or not to fill up the posts notified.

Walk in interviews will be conducted on 12-10-2022 from 10 am onwards to 12.00 noon

Sd/-  
DIRECTOR.



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**PUNJAGUTTA :: HYDERABAD 500 082, T.S**

**APPLICATION FORM FOR MEDICAL OFFICERS**

Application Number \_\_\_\_\_

Post Applied for:

Department:

Affix self-attested  
Latest pass port  
Size photograph

1. Full Name (in block letters) : \_\_\_\_\_  
Surname Name

2. Father's Name :

3. Spouse's Name :

4. Date of Birth :

5. Marital Status : Married / Unmarried

6. Full Postal Address :

Permanent Address	Present address for communication

7. Social Status :

8. Place of Birth :

9. Place of Schooling : 1<sup>st</sup> class to 10<sup>th</sup> class

10. Telephone No. :STD Code: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Mobile: \_\_\_\_\_

11. Email ID:

12. Examination passed including graduate examination. (Enclose Xerox copies).

Name of the examination	Name of the College & University	Month & Year of passing the examination	MCI Recognition status	a) Class / Division b) Distinction or prize, If any, in any or more subjects
M.B.B.S.				
Other qualifications if any				

13. Pan Number:

Signature of the Applicant

PARTICULARS OF ENCLOSURES:

1. X Class or equivalent Certificate
2. Study and Conduct Certificate of MBBS from the Principal of the College where studied.
3. MCI Recognition status.
4. Permanent Medical Registration Certificate
5. Provisional or Final MBBS Degree Certificate
6. No Objection Certificate from Employer (if applicable).
7. Experience if any.
8. Performance report from the previous employer,(if applicable)