

APPLICATION FORM
SENIOR RESIDENT –T.S

(Please download two copies and submit at the respective college)

AFFIX PHOTO

Name of College applying for: _____

Degree: MD/MS/DNB: Speciality: _____

Name of College and Place (MD/MS): _____

If DNB: Name of Institute: _____

No. of years of teaching experience as Resident/Registrar/ Demonstrator/ Tutor / gained during DNB training or after possessing DNB qualification: _____

Local: Telangana/Andhra: _____ Non/Local: _____

1.Name of the Candidate : _____

(Full Name in block letter including surname)

2.Email-id : _____

3.Phone / Mobile No. : _____

4.Address for communication : _____

Pincode : _____

5. Sex :Male/Female

6. Community : OC/BC-A/B/C/D/ SC/ST

7.Date of Birth (DD/MM/YY) :

8. Age in years(as on 28.02.2019) :

9.Permanent Address

Pincode: _____

Contact No : _____

10. Theory Marks obtained in the Degree /Super Specialty exam : _____

11. Details of Bank Account : _____

1) Name of the Bank and Branch : _____

2) Account No : _____

3) IFSC code : _____

12. PAN Number : _____

13. Aadhar Number: _____

Signature of Candidate

(For office use only)

Allotted for posting from _____ to _____ at
_____ College / Hospital.

Candidate should join on or before _____

PRINCIPAL