

APPLICATION FORM
JUNIOR RESIDENT - T.S

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

PASSPORT
SIZE
PHOTO

Name of the College apply for: _____

1. Name of the Candidate : _____
2. Sex (Male / Female) : _____
3. Date of Birth & Age : _____
4. Details of Qualification:

Degree	College	University	Year of Passing

5. Address for communication : _____

6. Mobile No : _____
7. Community: OC/BC-A/B/C/D/SC/ST: _____
8. Email ID : _____
9. Permanent Address : _____

10. Total marks in the MBBS / Equivalent: Degree Marks: _____ & Percentage: _____

11. TSMC/APMC Registration No. : _____

12. Aadhar Number : _____

13. Details of experience:

Place of Work	Period	Position held

Signature of Candidate

(For office use only)

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

Candidate should join on or before _____.

PRINCIPAL