

APPLICATION FORM
SENIOR RESIDENT - T.S

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

PASSPORT
SIZE
PHOTO

Name of the College apply for: _____

Degree: MD/MS/DNB: Specialty: _____

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

If DNB: Name of Institute: _____

No. of year 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 : _____

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 10-10-2019) : _____
9. Permanent Address : _____

10. Theory marks obtained in the Degree / Super Speciality exam : _____
11. Details of Bank Account:
 - a. Name of the Bank & Branch : _____
 - b. Account No. : _____
 - c. 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