

Annexure

(Option form to be filled by the doctor)

Name of the Institution:..... Place:.....

Name of the Specialty:(O&G, Ophthalmology, ENT, Orthopedics & Urology)

1	Name of the Doctor with surname	
2	Date of Birth	
3	Qualification	
4	Rank and Year of Selection	
5	Date of Joining in service	
6	Month and Year of Completion of PG	
7	Date of Joining as Assistant Professor	
8	Date of Completion of Five years of Teaching Experience	
9	Present designation	
10	Option as Assistant Professor from nos. 1 to 11	
	Preference of posting (11 options must be filled)	
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	

Signature of the Doctor

11 options are as follows:

- 1 Osmania Medical College, Hyderabad.
- 2 Gandhi Medical College, Secunderabad.
- 3 Kakatiya Medical College, Warangal
- 4 S.V. Medical College, Tirupati
- 5 Kurnool Medical College, Kurnool
- 6 Andhra Medical College, Visakhapatnam
- 7 Guntur Medical College, Guntur
- 8 Rangaraya Medical College, Kakinada
- 9 Siddhartha Medical College, Vijayawada
- 10 Govt., Medical College, Anantapur
- 11 Rajeev Gandhi Institute of Medical Science, Kadapa