

## **REVISED NOTIFICATION**

### **COUNSELLING DATE FOR SUPER SPECIALITY & POST GRADUATES ( INCLUDING D.N.B.) CANDIDATES FOR COMPULSORY GOVERNMENT SERVICE ON 23.08.2016**

1. The candidates must download the application form from the DME website <http://dme.ap.nic.in> and get it attested by the Principal. They must submit 3 copies of the attested application forms at the time of counselling and must be physically present.
2. The venue of counselling : Directorate of Medical Education, AP, at Koti, Hyderabad.
3. Counselling will be on 23.08.2016 at 10.30 AM – for Super Specialities, 2.30 PM onward for MS / MD / DNB Candidates.
4. Candidates from Telangana State have to bring No Objection Certificate issued by DME Telangana.
5. Candidates who have not attended for the counselling on 05.08.2016 & who have not opted for any Place (senior residency) also can attend on 23.08.2016 at 2.30 PM for counselling.

Director of Medical Education

**APPLICATION FORM**

**Please download three copies and submit the three attested copy at the time of counseling )**  
**COMPULSORY GOVERNMENT SERVICE (RESIDENT SERVICE )**

Speciality: \_\_\_\_\_ Degree/ Diploma: \_\_\_\_\_

Area of study OU/SVU/AU : \_\_\_\_\_

Local  Non Local

Name of College and Place: \_\_\_\_\_

Affix Photo

1.Name of the Candidate : \_\_\_\_\_

(Full Name in block letter including surname)

2.Reg.No. (Dr.NTR UHS) : \_\_\_\_\_

3.Email-id : \_\_\_\_\_

4.Phone / Mobile No. : \_\_\_\_\_

5.Address for communication : \_\_\_\_\_

6. Sex : Male/Female

7. Community : OC/BC/SC/ST

8. Date of Birth : 

D	D	M	M	Y	Y	Y	Y

9.Father's / Husband / Wife (1) Address : \_\_\_\_\_

\_\_\_\_\_

(2) Contact No : \_\_\_\_\_

10. Theory Marks obtained in the Diploma / Degree /Super Specialty exam : \_\_\_\_\_

11. Whether Spouse is working in Govt. service or doing PG : Yes / No

12. Details of Bank Account : \_\_\_\_\_

1) Name of the Bank : \_\_\_\_\_

2) Branch : \_\_\_\_\_

3) Account No : \_\_\_\_\_

4) IFSC code : \_\_\_\_\_

13. PAN No. : \_\_\_\_\_

**Signature of Candidate**

**Signature of the Principal**

**(For office use only)**

Allotted for posting from \_\_\_\_\_ to \_\_\_\_\_ in DME/APVVP/ Others ,

In \_\_\_\_\_ College / Hospital.

**Signature of Counseling Authority**