

<p>Government of Andhra Pradesh, Directorate of Medical Education Application for Senior residency Programme 2018</p> <p>(Please download, and submit three copies attested by the concerned Principal at the counselling centre)</p>	<p>Affix Photo</p>
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01.	Name of the Candidate (Full Name in block letter including surname)								
02.	Date of Birth :								Sex : M / F
		D	D	M	M	Y	Y	Y	Y
03.	Speciality applied for :								
04.	Degree Completed:								
05.	Reg.No. (Dr.NTR UHS) / Other State:								
06.	Name of College Studied and Place:								
07.	Area of study SVU/AU / OU / Other State								
08.	Local Non Local								
09.	Email-id:								
10.	Candidate's Phone / Mobile No								
11.	Address for communication								
12.	Address of Father's / Husband / Wife								
13.	Contact No								
14.	Theory Marks obtained in the Degree /Super Specialty exam								
15.	Whether Spouse is working in Govt. service or doing PG :								Yes / No
16.	Details of Bank Account								
	a	Name of the Bank							
	b	Branch							
	c	Account No							
	d	IFSC code							
17.	PAN No.								

Signature of the Principal

Signature of Candidate

(For office use only)

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

Signature of Counselling Authority