

**APPLICATION FORM**

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

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

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

Local  Non Local

Affix Photo

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

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**

**for Director of Medical Education**