

APPLICATION FORM
SENIOR RESIDENT -T.S

(Please download two copies and submit at the college)

AFFIX PHOTO

Name of College: Govt Medical College,Siddipet.Telangana State

Degree: MD/MS/DNB/MCh/DM : Speciality: _____

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

If DNB: Name of Institute: _____

If DNB done from other than MCI recognized College – Name of Medical College where Junior Residency completed after DNB: _____

Period of Junior Residency (with necessary enclosures): Total Duration: _____

From: _____ To _____

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 : _____

_____ Pincode : _____

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 31-07-2018) : _____

9. Permanent Address _____

_____ Pincode: _____

Contact No : _____

10. Theory Marks obtained in the Degree /Super Specialty exam : _____

11. Details of Bank Account : _____

1) Name of the Bank and Branch : _____

2) Account No : _____

3) 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