

APPLICATION PROFORMA

1. Name of the Applicant:

(In Block Letters)

2. Father's / Husband's Name:

3. Date of Birth: (copy to be enclosed)

4. Sex:

5. Details of School study (IV to X):

RECENT PASSPORT
PHOTO

ATTESTED BY GAZETTED OFFICER

Class	Name of the School / Place of the school	Period
Class IV		
Class V		
Class VI		
Class VII		
Class VIII		
Class IX		
Class X		

6. Social Status: SC / ST / BC / OC / PH / Women

Specify caste and sub-caste duly indicating the group A / B / C / D / E in respect of
B.C's (Encl: MRO certificate)

7. Qualification:

Course	College of study	University	Period of Study
MBBS			
PG Diploma			
PG Degree			
DNB			

8. Telangana State Medical Council Registration No:

9. Additional Qualification MD/MS/Diploma Registration:

10. Marks in qualifying examination

Marks in qualifying Exam	Maximum Marks	Marks Secured	% age of marks
---------------------------------	----------------------	----------------------	-----------------------

(If attested copies of all the marks memos are not submitted, the percentage of marks will be taken as 50 %)

11. Address for Communication. / Mobile No.

UNDERTAKING

I will serve as Senior Resident / Junior Resident at Govt. Medical College, Siddipet. If selected and I will work in the allotted dept or any dept where there is a requirement as decided by the Director or the concerned Head of the Department. I undertake to join the college within 3 days. Failing which, I forfeit my right to be considered for appointment as Senior Resident / Junior Resident at Govt. Medical College, Siddipet.

I certify that the particulars given above are correct to the best of my knowledge and belief. If the information furnished in my application is found to be incorrect or false at a later date, my application can be cancelled and I am liable for discharge from service besides facing legal action as per rules.

I also declare that I have not appeared for any MCI inspection at any College within or outside the State from 1st August, 2019 to till date.

PLACE:

SIGNATURE OF THE CANDIDATE.

DATE: