

APPLICATION FORM - 2021

SENIOR RESIDENT –T.S

(Please download two copies and submit at the college)

AFFIX PHOTO

Name of College applying for: _____

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

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

If DNB: Name of Institute: _____ No. of Beds: _____

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 and months(as on 31-12-2021) : _____

9.Permanent Address

_____ Pincode: _____

Contact No : _____

10. **Total Marks** obtained in the Degree /Super Specialty exam : _____ (out of _____)

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 as Senior Resident from _____ to _____
at _____ Medical College / Hospital in the department of _____.

Candidate should join on or before _____

PRINCIPAL