Government of Andhra Pradesh GUNTUR MEDICAL COLLEGE, GUNTUR Application for Senior residency Programme 2023 (Please download, and submit in 3 sets of forms)

Affix Photo

153											
01.	Name of the Candidate										
	(Full Name in block letter including surname)									me)	
02.	I	Date of									Sex: M/F
	E	Birth :	D	D	M	M	Y	Y	Y	Y	
03.	Speciality applied for:										
04.	Name of College Studied and Place (MD /MS):									1S):	
05	Year & Dateof Passing M.D/M.S										
06.	Regd.No. (Dr.YSR UHS) / Other State:										
07	Year of passing DM/MCH										
08.	Name of College Studied and Place (DM/MCH):									CH)	
09.	Area of study SVU/AU Other State										
10.	Local Non Local										
11.	Email-id:										
12.	Candidate's Phone / Mobile No										
13	Address for communication										
1,	-									e ⁷ 1	
14.	Theory & Practical Marks obtained in the P.G Degree & Super Specialty exam and [%]								e P.		MD/MS : DM/MCH :
15.	Details of Bank Account										
	a Name of the Bank										
	b Branch								N. I		
	c	Account	No								
	d	IFSC cod	e								
16	5 PAN No.										
17	Aadhar No.										
	1455										

Signature of Candidate

(For office use only)

Allotted a posting for a period of One year from date of joining in Guntur Medical College, College / Hospital.

Signature of the Principal Guntur Medical College, Guntur