

<p style="text-align: center;">Government of Andhra Pradesh GUNTUR MEDICAL COLLEGE, GUNTUR Application for Senior residency Programme 2023-24 (Please download, and submit in 3 sets of forms)</p>		Affix Photo																		
01.	Name of the Candidate (Full Name in block letter including surname)																			
02.	Date of Birth : <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td> </tr> </table>										D	D	M	M	Y	Y	Y	Y		Sex : M /F
D	D	M	M	Y	Y	Y	Y													
03.	Speciality applied for :																			
04.	Name of College Studied and Place (MD /MS):																			
05.	Year & Date of Passing M.D/M.S																			
06.	Regd.No. (Dr. YSR UHS) / Other State:																			
07.	Year of passing DM/MC H																			
08.	Name of College Studied and Place (DM/MCH):																			
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																			
14.	Theory & Practical Marks obtained in the P.G Degree & Super Specialty exam and [%]	MD/MS : DM/MCH :																		
15.	Details of Bank Account																			
	a Name of the Bank																			
	b Branch																			
	c Account No																			
	d IFSC code																			
16.	PAN No.																			
17.	Aadhar No.																			

Signature of Candidate

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(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