

Government of Andhra Pradesh GUNTUR MEDICAL COLLEGE, GUNTUR Application for Senior Residency Programme 2023-24 (Please download and submit in 2 sets of forms)										Affix Photo	
01.	Name of the Candidate (Full Name in block letter including surname)										
02.	Date of Birth :									Sex : M /F	Social Status:
03.	Specialty 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/MCH/DNB										
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

(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