

<p>Government of Andhra Pradesh GUNTUR MEDICAL COLLEGE, GUNTUR Application for Senior residency Programme 2020 (Please download, and submit 3 sets of attested copies of certificates while attending for counselling)</p>	<p>Affix Photo</p>
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01.	Name of the Candidate (Full Name in block letter including surname)								
02.	Date of Birth :								Sex : M / F
		D	D	M	M	Y	Y	Y	Y
03.	Speciality applied for :								
04.	Name of the PG Degree Completed:								
05.	Reg.No. (Dr.NTR UHS) / Other State:								
06.	Year of Passing M.D/M.S								
07.	Name of College Studied and Place:								
08.	Area of study SVU/AU / Other State								
09.	Local [AP] / Non Local [Other States]								
10.	Email-id:								
11.	Candidate's Phone / Mobile No								
12.	Address for communication								
13.	% of theory Marks obtained in the PG Degree & Super Specialty exam								
14.	PAN No.								
15.	AADHAAR No.								

Signature of Candidate

Signature of Convener
Senior Resident Selection Committee

(For office use only)

Allotted for posting from _____ to _____ in
_____ College / Hospital.

Signature of Principal
Guntur Medical College
Guntur

