

**Government of Andhra Pradesh**  
**GUNTUR MEDICAL COLLEGE, GUNTUR**  
**Application for Senior residency Programme 2023-24**  
 (Please download, and submit in 3 sets of forms)

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; border-collapse: collapse; text-align: center;"> <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></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

(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