## 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 councelling)

Affix Photo

01.	Name of the Candidate											
	(Full Name	in b	lock	lette	r inc	ludin	g st					
02.	Date of									Sex: M / F		
	Birth:	D	D	M	M	Y	Y	Y	Y			
03.	Speciality ap	plie	d for	:	1	1		<u>I</u>	<u>.                                    </u>			
04.	Name of the	PG 1	Degr	ee C	omp	leted	:					
05.	Reg.No. (Dr.NTR UHS) / Other State:											
06	Year of Pa	ssing	M.I	)/M.	S							
07.	Name of C	olleg	e Stı	ıdied	and	Plac	e:					
08.												
09.	Local Non Local											
10.	Email-id:											
11.	Candidate'	didate's Phone / Mobile No										
12.	Address for communication											
	Theory Mar		taine	ed in	the I	Degre	ee /S	Supe				
14.	Specialty ex Details of l		Acc	ount								
	a Name of the Bank											
	b Branch											
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15	PAN No.											
16	Aadhaar No.											
										Signature of Candidate		
(For office use only)  Allotted for posting from to in												
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	College / Hospital.											