

<p>Government of Andhra Pradesh, Directorate of Medical Education</p> <p>Application for Senior residency Programme-2023</p> <p>(Please download, and submit three copies attested by the concerned Principal at the counselling centre)</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.	Specialty applied for:								
04.	Degree Completed:								
05.	Reg.No.(Dr. YSRUHS)/Other State:								
06.	Name of College Studied and Place:								
07.	Area of study SVU/AU/OU/Other State								
08.	Local Non Local								
09.	Caste								
10.	Email-id:								
11.	Candidate's Phone/Mobile No								
12.	Address for communication								
13.	Address of Father's/Husband/Wife								
14.	Contact No:								
15.	Theory Marks obtained in the Degree/Super Specialty exam								
16.	Whether Spouse is working in Govt. service or doing PG:								Yes /No
17.	Detail of Bank Account								
	a	Name of the Bank							
	b	Branch							
	c	Account No							
	d	IFSC code							
18.	PAN No.								

Signature of the Principal

Signature of Candidate

(For office use only)

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

Signature of Counselling Authority