



Government of Andhra Pradesh,
Directorate of Medical Education
Andhra Medical College,
Visakhapatnam.



Application for Senior residency Programme 2023
(Please download and submit three copies at the counselling centre)

Affix Photo

01.	Name of the Candidate (Full Name in block letter including surname)																		
02.	Date of Birth :	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <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												
			Caste/ Sub-caste																
03.	Speciality applied for :																		
04.	Degree Completed:																		
05.	Reg.No. (Dr.YSR UHS) / Other State:																		
06.	Name of College Studied and Place:																		
07.	Area of study SVU/AU / OU / Other State																		
08.	Local Non Local																		
09.	Email-id:																		
10.	Candidate's Phone / Mobile No																		
11.	Address for communication																		
12.	Address of Father / Husband / Wife																		
13.	Contact No																		
14.	Theory Marks obtained in the Degree /Super Specialty exam																		
15.	Whether Spouse is working in Govt. service or doing PG :		Yes / No																
16.	Details of Bank Account																		
	a	Name of the Bank																	
	b	Branch																	
	c	Account No																	
	d	IFSC code																	
17	PAN No.																		

Signature of Candidate

(For office use only)

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

Signature of Counselling Authority