

<p>Government of Andhra Pradesh Siddhartha Medical College::Vijayawada Application for Junior / Senior Residency Programme <b>2020</b> (Please download and submit three copies at the counseling 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 : <table border="1" style="display: inline-table; vertical-align: middle;"> <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											
03	Specialty applied for :																	
04	Degree Completed:																	
05	Reg.No. (Dr.NTR 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's / 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 :																	
16	Details of Bank Account <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>a</td> <td>Name of the Bank</td> </tr> <tr> <td>b</td> <td>Branch</td> </tr> <tr> <td>C</td> <td>Account No</td> </tr> <tr> <td>d</td> <td>IFSC code</td> </tr> </table>	a	Name of the Bank	b	Branch	C	Account No	d	IFSC code									
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C	Account No																	
d	IFSC code																	
17	PAN No. AADHAR No.																	

**Signature of Candidate**

(For office use only)

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

**Signature of Counseling Authority**

