

Government of Andhra Pradesh Siddhartha Medical College: Vijayawada Application for Senior Resident Programme 2023 (Please download and submit three copies at the counseling centre)										Affix Photo
1	NAME OF THE CANDIDATE (FULL NAME IN BLOCK LETTERS INCLUDING SURNAME)									
2	DATE OF BIRTH									
	D	D	M	M	Y	Y	Y	Y		
3	Specialty applied for:									
4	Name of PG Degree completed:									
5	Reg No:( Dr.NTR UHS)/other state									
6	Year of Passing									
7	Name of the College studied and Place									
8	Area of Study SVU/AU/OU/Other State									
9	Local/Non Local									
10	Email-id									
11	Candidate's Phone/Mobile No									
12	Social Status									
13	Address for Communication									
14	Theory Marks obtained in the Degree/ Super Specialty exam									
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 the Candidate										
(For Office use Only)										
Allotted for posting From _____ to _____ in _____ College/Hospital										
Signature of the Counseling Authority					Signature of the Principal					

