

13) Address for communication along with Pin Code:

Name :
House Number :
Village/Town :
District : Pin:
Phone No (if any) :

DECLARATION

I Dr. _____ S/o/D/o _____
certify that the particulars given above are correct to the best of my knowledge and belief. I also agree that in the event of any of the particulars furnished in my application being found to be incorrect or false I shall be liable for termination from service with immediate effect without any notice.

SIGNATURE OF THE CANDIDATE

CHECK LIST

Candidates are requested to arrange the documents in following order:-

1	Filled in application form	Yes / No
2	Marks Memo of SSC or equivalent certificate	Yes / No
3	Intermediate Marks Memos Pass Certificate	Yes / No
4	Marks Memo MBBS all years	Yes / No
5	Marks Memo of PG Degree/Diploma in concerned Specialty	Yes / No
6	Latest Caste Certificate	Yes / No
7	Study certificate for the years from 1 th class to 10 th class and in Case of Private study residence certificate from the Tahsildhar/MRO concerned.	Yes / No
8	Attested copy of AP/TS Medical Council Registration, if not enclosed the application will not be accepted.	Yes / No
9	PH certificate in respect of candidates claiming reservation under PH Quota.	Yes / No
10	EWSs eligible candidates submit certificate not below the rank of Tahsildar	Yes / No
11	Relevant certificates in respect of candidates claiming Ex-service Men Quota.	Yes / No
12	A self addressed post card	Yes / No

