

APPLICATION FORM

Please download three copies and submit the three attested copy at the time of counseling)
COMPULSORY GOVERNMENT SERVICE (RESIDENT SERVICE)

Speciality: _____ Degree/ Diploma: _____

Area of study OU/SVU/AU _____

Local Non Local

Affix Photo

Name of College and Place: _____

1. Name of the Candidate _____

(Full Name in block letter including surname)

2. Reg.No. (Dr.NTR UHS) _____

3. Email-id _____

4. Phone / Mobile No. _____

5. Address for communication _____

6. Sex : Male/Female

7. Date of Birth _____

D	D	M	M	Y	Y	Y	Y

8. Father's / Husband / Wife (1) Address _____

(2) Contact No : _____

9. Theory Marks obtained in the Diploma / Degree /Super Specialty exam : _____

10. Whether Spouse is working in Govt. service or doing PG : Yes / No

11. Details of Bank Account _____

1) Name of the Bank _____

2) Branch _____

3) Account No _____

4) IFSC code _____

12. PAN No. _____

Signature of Candidate

Signature of the Principal

(For office use only)

Allotted for posting from _____ to _____ in DME/APVVP/ Others ,

In _____ College / Hospital.

Signature of Counseling Authority