

**GOVERNMENT OF ANDHRA PRADESH**  
**GOVT.DENTAL COLLEGE & HOSPITAL,KADAPA**

APPLICATION FOR ONE YEAR SENIOR RESIDENCY PROGRAMME-2026  
(To be submitted in duplicate)

S.No	PARTICULARS REQUIRED	PARTICULARS TO BE FURNISHED
1	NAME OF THE CANDIDATE	
2	LATEST PHOTOGRAPH	
3	DATE OF BIRTH <b>DD, MM, YYYY</b>	
4	SPECIALITY	
5	YEAR OF COMPLETION OF MDS	
6	APSDC REG.No	
7	NAME OF COLLEGE STUDIED AND PLACE	
8	AREA OF STUDY SVU/AU/OU/ OTHER STATE	
09	LOCAL/NON LOCAL	

10	EMAIL-ID						
11	CANDIDATE'S PHONE/MOBILE NO.						
12	ADDRESS FOR COMMUNICATION						
13	PERMANENT ADDRESS						
14	CONTACT NUMBER						
15	MARKS OBTAINED IN THE MDS EXAM	YEAR	Theory		Practical		Total
			Max.	obtained	Max.	obtained	
		1MDS		-	-		
		III MDS					
		<b>Grand Total</b>					
		<b>Percentage</b>					

PLACE :

DATE : Signature of the Applicant