

**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 \_\_\_\_\_  
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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**