

APPLICATION FORM
SENIOR RESIDENT (DENTAL) – T.S
(Please download two copies and submit at GDCH AFZULGUNJ, HYD)

AFFIX PHOTO

Name of College applying for: _____

Degree: _____ Specialty: _____

Name of the College and Place (MDS): _____

Local: Telangana/Andhra: _____ Non/Local: _____

1. Name of the candidate : _____
(Full Name in block letter including surname)

2. Email – ID: _____

3. Phone / Mobile. No: _____

4. Address for Communication: _____

_____ Pin code: _____

5. Sex: Male/Female 6. Community: OC/BC-A/B/C/D/SC/ST

7. Date of Birth (DD/MM/YY) :

8. Age in Years(as on 31-07-2019): _____

9. Permanent Address: _____

_____ Pin code: _____

10. Theory Marks obtained in the MDS exam: _____ Total Marks: _____

11. Details of Bank Account:

1. Name of the Bank and Branch: _____

2. Account No: _____

3. IFSC Code: _____

12. PAN Number : _____

13. Aadhar Number : _____

Signature of Candidate

(For Office Use Only)

Allotted for posting from _____ to _____ at

_____ College / Hospital.

Candidate should join on or before _____.

PRINCIPAL