

Application Form for the post of Senior Resident –Kurnool Medical College -Kurnool

Affix Passport Size
self attested color
Photograph here.

Department : _____

Age (as on crucial date) : _____

Date of Birth:

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Category of the Candidate : UR OBC SC ST PWD

Name of the Candidate :

Aadhar No :

Correspondence Address :

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.....

Mobile No:..... Email id:.....

Educational Qualification:

Sl.No	Name of the Examination	Subject/ discipline/ Specialty	University/ Institution/ College	Date of completion of the course	Month & Year of passing final examination	Marks Obtained	Total Marks	Duration taken to complete the course
1	MBBS							
2	MD/MS/DNB /Diploma							
3	DM/MC.h							

Permanent MCI/ DMC/ State registration No:
Name of the Medical council:

Declaration:

PG medical degree completed and results declared before/on the crucial date: Yes [] No []

PG medical degree from recognized medical college/Institute. Yes [] No []

UNDERTAKING

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that if any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Place

Date

Signature of the Candidate

Name of the Candidate in block letters

Kurnool Medical College –Kurnool (Andhra Pradesh)

Proforma/Check list for the Post of Senior Resident to be filled and submitted during Document verification

Name of the Candidate: _____

Father's Name: _____ Mobile Number: +91 _____ Name of the Department _____ Date of Birth: _____ Age: _____ Category of the candidate: _____

Qualifications

S.No	Course/ Qualification	Name of College/Institute (with year of Passing)	Total extra attempts	Total Marks	Marks obtained	Percentage of marks
1	MBBS					
2	MD/MS/DNB/Dip					
3	DM/ MC.h					

Declaration

I hereby declare that the entries made in this form as above are true and correct to the best of my knowledge and belief. In case of any Information being found false/incorrect my candidature/services are liable to be terminated without any notice.

Signature of the candidate with date _____

(For office use only)

Documents to be Attached in serial order to submit during document verification (2 sets of Photocopies):

1	Original Application Form filled by the candidate as per the Advertisement	Yes / No
2	Filled in Proforma /Checklist for the Senior Resident in the given format	Yes / No
3	Identity Proof (Preferably Aadhar Card)	Yes / No
4	Certificate showing Date of Birth. (10th Certificate).	Yes / No
5	MBBS Mark sheets & Certificates.	Yes / No
6	MD/MS/MDS/DNB/DM/M.Ch. Mark sheets & Certificates	Yes / No
7	Registration with Medical Council of India/ State Medical Council/ Dental Council of India or State	Yes / No
8	Reservation category Certificate (OBC/SC/ST/PH)	Yes / No
9	4 th to 10 th Study Certificate	Yes / No
10	Any other relevant documents	Yes / No

Eligible / Not Eligible

Final Remarks: _____

Certificate Verification / Recruitment Community by Name with Signature

1. _____ 2. _____ 3. _____
Chairman