

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

APPLICATION FOR ONE YEAR SENIOR RESIDENCY PROGRAMME-2025
 (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 DD, MM, YYYY	
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		Theory		Practical		Total	
		YEAR	Max.	obtained	Max.	obtained		
		1MDS			-	-		
		III MDS						
		Grand Total						
		Percentage						

PLACE :

DATE :

Signature of the Applicant