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 **DD, MM, YYYY**	
4	SPECIALITY	
5	YEAR OF COMPLETION OF MDS	
6	APSDC REG.No	
7	NAME OF COLLLEGE STUDIED AND PLACE	
8	AREA O F STUDY SVU/AU/OU/ OTHER STATE	
09	LOCAL/NON LOCAL	

<table>
<tr><td>10</td><td>EMAIL-ID</td><td colspan="5"></td></tr>
<tr><td>11</td><td>CANDIDATE'S PHONE/MOBILE NO.</td><td colspan="5"></td></tr>
<tr><td>12</td><td>ADDRESS FOR COMMUNICATION</td><td colspan="5"></td></tr>
<tr><td>13</td><td>PERMANENT ADDRESS</td><td colspan="5"></td></tr>
<tr><td>14</td><td>CONTACT NUMBER</td><td colspan="5"></td></tr>
<tr><td rowspan="5">15</td><td rowspan="5">MARKS OBTAINED IN THE MDS EXAM</td><td rowspan="2">YEAR</td><td colspan="2">Theory</td><td colspan="2">Practical</td><td>Total</td></tr>
<tr><td>Max.</td><td>obtained</td><td>Max.</td><td>obtained</td><td rowspan="3"></td></tr>
<tr><td>1MDS</td><td></td><td></td><td>-</td><td>-</td></tr>
<tr><td>III MDS</td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="5">Grand Total</td><td></td></tr>
<tr><td colspan="5">Percentage</td><td></td></tr>
</table>

PLACE :

DATE : Signature of the Applicant