## Dr. YS R UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA - 08 **APPLICATION FORM TO REGISTER TO PDF EXAMINATIONS** MONTH **YEAR 20** (REGULAR/REFERRED) OTE: READ INSTRUCTIONS OVERLEAF CAREFULLY BEFORE FILLING THIS FORM) 1 Name of the Institution & Address: AP. No. 2 Name of the Candidate (in CAPITAL Letters as in PG Degree Certificate without touching edges of boxes) 3 Father's Name (in CAPITAL Letters without touching edges of boxes) 7 PDF Regd. No. (To be filled by UHS) 4 Sex: 5 Exam Fee Paid: 6 DD No., Date & Bank: 8 Date of Admission 9 Date of Completion: 10 Attendance Percentage (%) (Can be rounded) 11 Fill the Circle of your applied Subject: 00000000 00000000 1. Neonatology 9. Clinical Virology 2. Diabetology 10. Obstetric Medicine 3. Geriatric Medicine 11. Arthroplasty 4. Pain &Palliative Care 12. Neuromuscular Medicine 5. Spinal Surgery 13. Cardiac Anaesthesia 14. Paediatric Anaesthesia 6. Child & Adolescent Psychiatry 7. Critical Care Medicine 15. Emergency Medicine 8. Trauma Care 16. Adult Interventional Cardiology 12 Marks of Identification: 15 Photo: Paste recent Black & White Passport Photograph 13 Left hand Thumb Impression of the Candidate: Please do not staple or pin The photograph Please do not sign on the 14 Signature of the Head of the Institution: Photograph 16 Signature of the candidate (within the box given above)

Enclosures: 1. Photostat copy of MD/MS/DNB/DM/M.CH Permanent Degree Certificate

- 2. Photostat copy of Hall ticket (incase of referred cadidates only)
- 3. Demand Draft (Original)
- 4. Attendance and Course complection certificate (Original)