



Dr. YSR UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA - 520 008

APPLICATION FORM TO REGISTER TO PG SUPER SPECIALITY (D.M./M.Ch.) EXAMINATIONS

MONTH _____ YEAR _____ (REGULAR/REFERRED)

(NOTE : READ INSTRUCTIONS TO OVERLEAF CAREFULLY BEFORE FILLING THIS FORM)

FORM NO:

0001839

SL.NO.:

1. College Code:

2. Name of the College & Address

3. Date of Birth :

D	D	M	M	Y	Y	Y	Y

4. Name of the Candidate (in CAPITAL Letters as in PG Degree Certificate without touching edges of boxes)

5. Father's Name (in CAPITAL Letters as in without touching edges of boxes)

6. Sex:

7. Exam Fee Paid

8. DD No & Date of payment:

9. Super Specialty Regd. No

10. Date of Admission & Date of Completion:

D	D	M	M	Y	Y

D	D	M	M	Y	Y

11 Category

12. Attendance percentage (%) each year

1

2

3

13. Fill the Circle of your applied subject: & Service / Non Service Candidate

13A. Service Candidate / Non Service Candidate

DM (GASTRO-ENTEROLOGY)

DM (ENDOCRINOLOGY)

DM (NEUROLOGY)

DM (CARDIOLOGY)

DM (NEPHROLOGY)

DM (CLINICAL PHARMACOLOGY)

DM (NEONATOLOGY)

M.Ch. (NEURO SURGERY)

M.Ch. (PLASTIC SURGERY)

M.Ch. (PAEDIATRIC SURGERY)

M.Ch. (GENITO URINARY SURGERY/UROLOGY)

M.Ch. (CARDIO THORACIC SURGERY)

M.Ch. (SURGICAL ONCOLOGY)

M.Ch. (SURGICAL GASTRO ENTEROLOGY)

DM (CRITICAL CARE MEDICINE)

14. Marks of Identification:

16. Left hand Thumb impression of the Candidate:

15. PHOTO

Paste recent Black & White Passport Photograph

Please do not staple or pin the photograph

Please do not sign on the photograph

17 Signature of the college Principal Within the box given above (NO FACSIMILE TO BE USED)

18. Signature of the Candidate (within the box given above)

Dr. YSR UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA - 08
INSTRUCTIONS AND EXAMPLES TO FILL IN APPLICATION FORM TO
APPEAR FOR SUPER SPECIALTY EXAMS

- * The application form for computerization purpose should be handled carefully. It should not be mutilated or folded. Mutilated or folded forms will not be accepted.
- * Applications should be filled properly and legibly by the candidate in his/her own handwriting with Blue or Black Ink ball pen, in CAPITAL LETTERS only.
- * Please do not overwrite on the application form.
- * Only good quality Black and White passport size photograph should be pasted on the application form in column No. 14. Please do not staple or pin the photograph. Please do not sign on the photograph.

1. COLLEGE CODE: College Code shall be furnished By the respective principals	2. NAME OF THE COLLEGE & ADDRESS : Write full name and address of the College with Pincode																					
3. Date of Birth : For Exmple : 01-03-1988																						
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0	1	0	3	1	9	8	8															
D	D	M	M	Y	Y	Y	Y															
4 & 5. NAME OF THE CANDIDATE / FATHER'S NAME: as in PG DEGREE examination certificate Leave one blank space after each initial or word in the name For example : KADIYALA SRAVANTHI																						
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">K</td> <td style="padding: 5px;">A</td> <td style="padding: 5px;">D</td> <td style="padding: 5px;">I</td> <td style="padding: 5px;">Y</td> <td style="padding: 5px;">A</td> <td style="padding: 5px;">L</td> <td style="padding: 5px;">A</td> <td style="padding: 5px;">S</td> <td style="padding: 5px;">R</td> <td style="padding: 5px;">A</td> <td style="padding: 5px;">V</td> <td style="padding: 5px;">A</td> <td style="padding: 5px;">N</td> <td style="padding: 5px;">T</td> <td style="padding: 5px;">H</td> <td style="padding: 5px;">I</td> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> </table>		K	A	D	I	Y	A	L	A	S	R	A	V	A	N	T	H	I				
K	A	D	I	Y	A	L	A	S	R	A	V	A	N	T	H	I						
6. Sex: MALE : M FEMALE : F For example , if Male	7 & 8 The amount paid by the student should be given : in the space provided. For Example, Fee paid																					
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">M</td> </tr> </table>	M	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">1</td> <td style="padding: 5px;">0</td> <td style="padding: 5px;">7</td> <td style="padding: 5px;">0</td> </tr> </table>	1	0	7	0																
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675349	03/03/2009																					
9. Super Specialty Exam Regd. No. Please fill the Reg. No. allotted by the University, if referred	10. Admission & Completion Dates. Please fill the Date of Admission & Date of Completion Dates.	11. Category Ex.																				
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">B</td> <td style="padding: 5px;">C</td> <td style="padding: 5px;">B</td> </tr> </table>			B	C	B																	
B	C	B																				
12. Attendance Percentage (%) Please fill the Percentage of Attendance of all years. Can be rounded to most nearest one without fractions.																						
13. Choosing Subject Codes: Please darken the appropriate Circle against to the Subject Name to which your are appearing for the Exam as shown below. for Example : If a candidate is applying to write exam in the subject of "DM (CARDIOLOGY)", he / she should fill as shown below. <input checked="" type="radio"/> DM (CARDIOLOGY)																						
13A. If a candidate is Service Candidate or Non Service Candidate Please darken the appropriate Circle against to the Subject,																						
ENCLOSURES: 1. Photostat copy of the qualifying PG Degree Permanent Certificate. 2. Photostat copy of MBBS Degree permanent Certificate 3. Photostat copy Hall Ticket (in case of referred candidates only) 4. Leave sanction orders, if any 5. Demand Draft 6. Attendance Certificate 7. Testimonial Certificates issued by two professors 8. Dissertation Submission Certificate																						