

**APPLICATION FORM – 2019**

**SENIOR RESIDENT-TS**

**(Please download two copies and submit at the college)**

AFFIX PHOTO

Name of College applying for: **KAKATIYA MEDICAL COLLEGE, WARANGAL, T.S.**

Degree: MD/MS/DNB/MCh/DM : Specialty : \_\_\_\_\_

Name of College and Place (MD/MS/MCh/DM): \_\_\_\_\_

If DNB: Name of Institute: \_\_\_\_\_ No. of Beds: \_\_\_\_\_

Local: Telangana/Andhra: \_\_\_\_\_ Non/Local: \_\_\_\_\_

1.Name of the Candidate : \_\_\_\_\_

(Full Name in block letter including surname)

2.Email-id : \_\_\_\_\_

3.Phone / Mobile No. : \_\_\_\_\_

4.Address for communication : \_\_\_\_\_

Pincode : \_\_\_\_\_

5. Sex : Male/Female: \_\_\_\_\_

6. Community : OC/BC-A/B/C/D/ SC/ST

7.Date of Birth (DD/MM/YY) :

8. Age in years( as on 31-07-2019) : \_\_\_\_\_

9.Permanent Address \_\_\_\_\_

Pincode: \_\_\_\_\_

Contact No : \_\_\_\_\_

10. Theory Marks obtained in the Degree /Super Specialty exam : \_\_\_\_\_ Out of marks: \_\_\_\_\_

11. Details of Bank Account : \_\_\_\_\_

1) Name of the Bank and Branch : \_\_\_\_\_

2) Account No : \_\_\_\_\_

3) IFSC code : \_\_\_\_\_

12. PAN Number : \_\_\_\_\_

13. Aadhar Number: \_\_\_\_\_

**Signature of Candidate**

**(For office use only)**

Allotted for posting from \_\_\_\_\_ to \_\_\_\_\_ at **Kakatiya Medical College, Warangal /**  
\_\_\_\_\_ Hospital in the Department of \_\_\_\_\_.

Candidate should join on or before \_\_\_\_\_

**PRINCIPAL  
K.M.C., WARANGAL**

**BOND FOR RS.100**

I \_\_\_\_\_ Senior Resident in the  
Department \_\_\_\_\_ at Kakatiya Medical  
College with the consolidated pay of Rs.70,000/- agree to the following  
conditions.

1. The appointment as Senior Resident is purely on temporary basis for a period of One year from the date of appointment.
2. That the appointment will not confer any right to me for regularization.
3. I will reside in the headquarters / residents quarters wherever available.
4. If I am continuously absent for seven days without prior written permission from the authorities, I will be deemed to be terminated from the Senior Residency.
5. If I wish to discontinue, I shall give One-month notice. Following which only the original certificates will be returned. I will also be not eligible for any further selections as Senior Resident.
6. The duty hours are from 8.00 AM to 5.00 PM which also includes Night Duties and other duties assigned by the Head of Department.

SENIOR RESIDENT  
SIGNATURE

**Witness:**

1)

2)