Dr. NTR UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA – 08

APPLICATION FORM TO REGISTER TO PDF EXAMINATIONS

MONTH **YEAR 20** **(REGULAR/REFERRED)**

(NOTE: 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)

4 Sex: **5 Exam Fee Paid:** **6 DD No., Date & Bank:** **7 PDF Regd. No. (To be filled by UHS)**

8 Date of Admission **9 Date of Completion:** **10 Attendance Percentage (%) (Can be rounded)**

11 Fill the Circle of your applied Subject:

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	◯
6. Child & Adolescent Psychiatry	◯	14. Paediatric Anaesthesia	◯
7. Critical Care Medicine	◯	15. Emergency Medicine	◯
8. Trauma Care	◯	16. Adult Interventional Cardiology	◯

12 Marks of Identification:

13 Left hand Thumb Impression of the Candidate:

14 Signature of the Head of the Institution:

15 Photo:

Paste recent Black & White Passport Photograph

Please do not staple or pin The photograph

Please do not sign on the 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 candidates only)
3. Demand Draft (Original)
4. Attendance and Course completion certificate (Original)