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
2. Diabetology
3. Geriatric Medicine
4. Pain &Palliative Care
5. Spinal Surgery
6. Child & Adolescent Psychiatry
7. Critical Care Medicine
8. Trauma Care
9. Clinical Virology
10. Obstetric Medicine
11. Arthroplasty
12. Neuromuscular Medicine
13. Cardiac Anaesthesia
14. Paediatric Anaesthesia
15. Emergency Medicine
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)