



GOVERNMENT OF TELANGANA
GOVERNMENT MEDICAL COLLEGE,
NALGONDA

(Affiliated to Kaloji Narayana Rao University of Health Sciences, Warangal)
 Permitted by National Medical Commission, New Delhi
 Gollaguda, Nalgonda - 508001, Telangana, India



Application No. _____

/ACAD/GMC/NLG/PG/20

Dated: _____

APPLICATION FORM

Full Name in Block letters : _____

Father's / Guardian's / Name : _____

Father's / Guardian's /occupation : _____

Mother's Name : _____

Mother's occupation : _____

Address for communication : _____

(House No, Land mark/Street, Village/Town, Taluk, District, State, Pin code) _____

Date of Birth & Age : _____

Gender (Male / Female) : _____

Blood Group : _____

PG NEET Hall Ticket Number : _____

PG NEET Rank : _____

MBBS Completed in : Year _____ College _____

Category (SC/ST/OBC/EWS/General) : _____

Nationality : _____

Religion : _____

Aadhar Card Number : _____

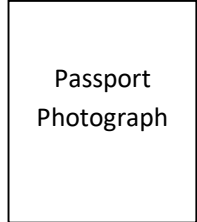
Identification marks : _____

Parents / Spouse Contact Number : _____

Parents / Spouse Email ID : _____

Candidate Contact Number : _____

Candidate Email ID : _____



I hereby declare that the information filled in the form is correct and true to best of my knowledge. I further declare that I understand and fulfill the eligibility condition for Post Graduate course (MD / MS) in _____ as mentioned in the prospectus.

Date : _____

Candidate Signature: _____

Place : _____

Name: _____