

GOVERNMENT MEDICAL COLLEGE, ONGOLE
STATE QUOTA ADMISSIONS FOR 2023-24

Recent Photo

| | |
|------------------|-------------|
| Course Joined in | On .08.2023 |
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|---|---|---------|-----------------------------|------------|
| Name of the Candidate with surname | : | | | |
| Name of the Father and occupation | : | | | |
| Name of the Mother and occupation | : | | | |
| Date of Birth | : | | | |
| **Caste/ Sub Caste/ Religion | : | | | |
| Address for Correspondence | : | Present | Permanent | |
| | : | | | |
| Contact No: Land line: | : | Mobile: | Email : | |
| NEET PG details | : | Roll No | All India Rank & Percentile | State Rank |
| MBBS study details: | | | | |
| 1.College Name | | | | |
| 2.Name of the University | | | | |
| 3. Year of Passing with Regn. No. | | | | |
| MBBS Permanent Medical council Registration No. & State | | | | |
| Previous PG Degree/Diploma studied, if any (Proof) | | | | |
| Whether Participated in Next Round | | | | |
| 1. Service 2. Previous Place of working | | | | |

SIGNATURE OF THE CANDIDATE