16/01/2023, 21:16 NEET PG 2023





### **Personal Details**

## **Application ID**

PG23151497

Candidate's Name ARELLI SHIVA KUMAR GOUD

ARELLI BHAGYA LAKSH

Mother's Name

**Date of Birth (DD-MM -YYYY)**22/08/1993

22/08/1993

Nationality
INDIAN

Father's Name
ARELLI POCHAM

Category

Nationality
INDIAN

Religion
HINDU

Place Of Birth

Are you a Person wit h Benchmark Disabili ty (PwD) in terms of

NO

MΙ

Are You Willing to Ta ke up Post Graduate Courses in Armed For ces Medical Services I nstitutions Armed forces medica I service category GOVT. SPONSORED CA NDIDATES FROM FRIE NDLY FOREIGN COUN TRIES

GODAVARIKHANI

Gender

Male

### **Contact Details**

**RPwD Act, 2016?** 

Mobile No

+91 8919827678

Email ID

OBC

SHV.MEDICO@GMAIL. COM

## **Identification Details**

Do you have Govern ment of India issued VOTER ID CARD?

NO

Do you have Govern ment of India issued DRIVING LICENSE? NO Do you have Govern ment of India issued PAN CARD?

YES

Do you have Govern ment of India issued PASSPORT?

NO

Government of India Issued PAN CARD Nu mber

BIEPA2881A

Mark of Identification 1 (on face)

A MOLE ON LEFT CHEE

Mark of Identificatio n 2 (Birth mark/Body mark)

A MOLE ON RIGHT CH

### **CORRESPONDENCE ADDRESS**

**Address Line 1** T2 468,TILAK NAGAR **Address Line 2** GODAVARIKHANI Country INDIA 16/01/2023, 21:16 NEET PG 2023

State City/District Other City/District **OTHERS PEDDAPALLI TELANGANA** Pin Code **Is Permanent Addres** 505209 s Same as Correspon dence address? YES **Permanent Address Address Line 1** Address Line 2 Country T2 468.TILAK NAGAR **INDIA** GODAVARIKHANI City/District Other City/District State **PEDDAPALLI TELANGANA OTHERS** Pin Code 505209 **MBBS Qualification Details Country of completio** State/UT of Completi City Kurnool n of MBBS Qualificati on ANDHRA PRADESH **University of Comple** on **INDIA** NTR UNIVERSITY OF H EALTH SCIENCES, VIJAY WADA Name of College **Date of Passing** 04/05/2019 SANTHIRAM MEDICAL COLLEGE, NANDYAL **Internship Details** Have you completed **City of Internship** Institute of Internshi NANDYALA Internship p YES SANTHIRAM MEDICAL COLLEGE Date of start of Inter Date of completion o nship f Internship 27/03/2019 26/03/2020 **Medical Council Registration Details Medical Council Regis Medical Council Regis** Name of Medical Cou tration Type tration Number **PERMANENT TSMC FMR 20893** TELANGANA STATE ME DICAL COUNCIL MBBS EXAMINATION MARKS 1st MBBS Examinatio 2nd MBBS Examinati **Final MBBS Examinat** n-PERCENTAGE OF M on-PERCENTAGE OF ion-PERCENTAGE OF **ARKS OBTAINED MARKS OBTAINED MARKS OBTAINED** 

NEET PG 2023 16/01/2023, 21:16

> 56.6 64.3 56

Aggregate marks in p ercentage in all MBB S professional exami nations

58

**Additional Information** 

Deported/Rusticated **during Medical Cours** 

NO

Charged of use of unf air means by NBEMS/ Other examination b ody?

NO

Have you appeared i n NEET PG previousl **y**?

NO

**Test Center Details** 

State City

**HYDERABAD TELANGANA** 

**Payment Details** 

**Amount** 4250

**Payment Transaction** No.

**Payment Mode** online

**Payment Status Payment Success** 

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