

# **GMERS GENERAL HOSPITAL GANDHINAGAR**

## **Application Form for Specialist under C. M. SETU**

Affix passport  
size  
photograph

1.0 Name of Speciality Applied: .....

1.1 Choice of Place: .....

(1) Sub District Hospital-Mansa, (2) CHC-Charada (3) CHC-Nardipur

(4) CHC-Dingucha (5) CHC-Chhala, (6) CHC-Sadra (7) CHC-Rakhiyal

(8) CHC-Dehgam (9) CHC-Adalaj

2.0 Name of the Candidate: .....

2.1 Correspondence Address: .....

(With PIN code).....

.....

2.2 Telephone No. with STD Code: (R) ..... (M).....

2.3 Email: .....

3. Date of Birth : ..... Age: ..... yrs

4. Sex : Male / Female

5. Present Job : Private .....

Address of Private Practice .....

6. Educational Qualification:

Sr. No.	Examination	Year of Passing	University	Total Marks Obtained / out of Total	Percentage	Passing Attempt	For Office use
1.							
2.							
3.							
4.							
5.							

7. Check List of Enclosures (attested photocopies in following order)

Attested photocopies in following order	please tick ( ✓ )	Attested	please tick ( ✓ )
(1) Bachelor Degree mark sheet		(5) Registration Certificate: GMC-MBBS/MS/MD/Diploma	
(2) Bachelor Degree Certificate		(6) Birth Date Certificate: School Leaving	
(3) Master/Degree/Diploma mark sheet		(7) Experience certificates	
(4) Master/Degree/Diploma Certificate			

8. Work Experience (Year wise):

Sr. No.	Name of Organization	Name of Post Held	Duration		Remarks
			Years	Months	
1.					
2.					
3.					

10. Name of two referees. (With phone no.)

1. ....
2. ....

**Undertaking**

It is declared that each statement and/or contents of this declaration and /or documents, certificates submitted along with the declaration form, by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned has understood and accepted that such misdeclaration in respect to any content of this declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for necessary disciplinary action.

Place :

Date :

**Signature of Applicant**

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