

GMERS GENERAL HOSPITAL GANDHINAGAR

APPLICATION FORM

Affix passport
size
photograph

1. Post Applied For:

Preference of Programme applied for: (1) SNCU (2) MA YOJANA

(3)ART CENTER (4) OBSTETRIC INTENSIVE CARE (5) NCD

2. Name of the Candidate:

Address:

(With PIN code).....

[In BLOCK LETTERS].....

Telephone No. with STD code :(phone)..... (M).....

Email:

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

4. Sex : Male / Female

5. Category : SC ST SEBC General

6. Present Job : Govt. / Other _____ If Govt: Regular/Ad.Hoc.

7. Educational Qualification:

Sr. No.	Examination	Year of Passing	University	Total Marks Obtained	Percentage	Passing Attempt	For Office use
1.	Final MBBS(PART 2 ONLY)						
2.	MD/MS						

8. Details of Medical Council Registration:

Registration No. U.G. _____ P.G. _____

Date of Registration: U.G. _____ P.G. _____

Name of Council: U.G. _____ P.G. _____

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

Attested photocopies in following order	please tick (✓)	Attested	please tick (✓)
(1) Final MBBS Mark Sheet		(6) MS/MD; GMC Registration Certificate	
(2) Final MBBS Attempt Certificate		(7) Degree Certificate-MBBS	
		(8) Degree Certificate-MD/MS	
(3) P. G. Mark Sheet		(9) Birth Date Certificate: School Leaving	
(4) P. G. Attempt Certificate		(10) Experience certificates	
(5) MBBS ; GMC Registration Certificate		(11) Internship Completion Certificate	

10. If MBBS complete form other country provides screening test/MCI registration copy.

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

1.....

2.....

Undertaking

I declare that information stated above is true to the best of my knowledge. If above Information is found to be false; I am bound to obey the decision of selection committee.

Place :

Date :

Signature of Applicant

-End-