

GMERS GENERAL HOSPITAL GANDHINAGAR

Application Form for Super Specialist under C. M. SETU

Affix passport
size
photograph

1.0 Name of Super Speciality Applied:

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) Super Speciality Degree/Diploma mark sheet		(6) Bachelor Degree Certificate	
(2) Super Speciality Degree/Diploma Certificate		(7) Registration Certificate: GMC-Super Speciality MBBS/MS/MD/Diploma	
(3) Master/Degree/Diploma mark sheet		(8) Birth Date Certificate: School Leaving	
(4) Master/Degree/Diploma Certificate		(9) Experience certificates	
(5) Bachelor Degree mark sheet			

8. Work Experience (Year wise):

Sr. No.	Name of Organization	Name of Post Held	Duration		Remarks
			Years	Months	
1.					
2.					
3.					
4.					

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
