

# G.M.E.R.S. MEDICAL COLLEGE GANDHINAGAR

## APPLICATION FORM

AFFIX  
PASSPORT  
SIZE  
PHOTO

1. Post applied for : \_\_\_\_\_ in (subject) \_\_\_\_\_

2. Name of Candidate : \_\_\_\_\_  
& Address \_\_\_\_\_

(In BLOCK LETTERS)

Telephone No .with cod (Phone) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email ID: \_\_\_\_\_

3. Category : SC  ST  SEBC  General

4. Date of Birth : \_\_\_\_ 19\_\_ Age \_\_\_\_ Yrs \_\_\_\_ Month

5. Sex : Male/Female

6. Present Job : \_\_\_\_\_ Place \_\_\_\_\_

7. Educational Qualification :

| Sr.No | Examination | Year of Passing | University | Total Marks | Percentage | Attempt |
|-------|-------------|-----------------|------------|-------------|------------|---------|
| 1     | MBBS        |                 |            |             |            |         |
| 2     | MD/MS       |                 |            |             |            |         |

8. Details of teaching Experience

| Sr.No. | Teaching Post Held | Name of institution | Date |    | Total Period |       |
|--------|--------------------|---------------------|------|----|--------------|-------|
|        |                    |                     | From | To | Years        | Month |
| 1      |                    |                     |      |    |              |       |
| 2      |                    |                     |      |    |              |       |
| 3      |                    |                     |      |    |              |       |

9. Name of two referees. (With Phone No)

1 \_\_\_\_\_

2 \_\_\_\_\_