

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 _____

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

10. List of Enclosures (Attested Copies in flowing order)

Attested Photocopies in Following Order	Please tick (✓)	Attested Photocopies in Following Order	Please tick (✓)
(1) Final MBBS Mark Sheet		(8) Teaching Exp. Certificate	
(2) Final MBBS Attempt Certificate		(9) Internship Completion Certificate	
(3) P.G. Mark Sheet		(10) Cast Certificate (Applicable to Domicile of Gujarat)	
(4) P.G. Attempt Certificate		(11) Non Creamy Layer Certificate (For SEBC Candidate Applicable to Domicile of Gujarat)	
(5) MBBS/BDS; GMC Registration Certificate		(12) School-Leaving Certificate/Birth Date Certificate	
(6) P.G. GMC Registrations Certificate		(13) Research Publication	
(7) Degree Certificate		(14) NOC/Reliving Order	

Undertaking

I Declare that information Stated Above are 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