GUJARAT MEDICAL EDUCATION AND RESEARCH SOCIETY. <u>NHM Bhavan 6nd Floor, Civil Hospital, Campus,Gandhinagar - 382016</u> <u>APPLICATION FORM</u>

1. Post Applied for	: Department:
2. Name of Candidate	:
& Address	
(IN BLOCK LETTER)	:
Telephone No. With	code :- (Phone)
Local Contact Addre	SS :
Email-Id :	
3. Category:- SC	ST SEBC Others
4. Date of Birth:	
5. Sex: M/F :	
6. Present Job :	

7. Educational Qualification :-

Sr. No.	Examination	Year of Passing	University	Total Marks	Percentage	Attempt
1	1 st MBBS	1 0351118		IVICINS		
	2 ND MBBS					
	3 RD MBBS Part - 1					
	3 RD MBBS Part - 2					
2	MD/MS					

8. Details of Teaching Experience:-

Sr. No.	Teaching Post Held	Name of Institution	Dates		Total Period	
			From	То	Years	Month
1						
2						
3						

9. Details of Research papers publication / Presentation

Published	No. of Paper	Year of	Name of	Whether Journal is	Name of
	Published	Publication	Journal	an Indexed Journal	Article
				(Yes/ No)	
1	2	3	4	5	6
National					
Journal					
International					
Journal					

10. Name of two referees.(with phone No.)

1. 2.

11. List of Enclosures (Attested copies-in following order)

(1)First, Second, Third Part -1 & Part – 2 MBBS Mark Sheets.

(2) FINAL MBBS Attempt Certificate

(3) MBBS: GMC Registration Certificate.

(4) MBBS, MD/MS Degree Certificate.

(5) Internship Completion Certificate.

(6) School-Leaving Certificate/ Birth Date Certificate

(7) NOC/ Relieving order if applicable

(8) P.G. Mark Sheet

(9) P.G. Attempt Certificate

(10) P.G. GMC Registration Certificate

(11) Teaching Exp. Certificate

(12) Caste Certificate (Applicable to domicile of Gujarat)

(13) Non Creamy Layer Certificate (For SEBC Candidate APPLICABLE TO domicile of Gujarat)

(14) Research Publication

(15) PAN Card

(16) Aadhaar card

Undertaking

I declare that information stated above are true to the best of my Knowledge. If above information found to be False; I am bound to Obey the decision of Selection Committee.

Place :-

Date :-

Signature of Applicant