GUJARAT MEDICAL EDUCATION AND RESEARCH SOCIETY.

NHM Bhavan 6nd Floor, Civil Hospital, Campus, Gandhinagar - 382016

APPLICATION FORM

1. Post Applied for :- ……..Department Preference:-1……

2……. 3……. 4……. 5…….

2. Name of Candidate:- ……..

& Address :- ……..

(IN BLOCK LETTER) :- ……..

Telephone No. With code :- (Phone) …….. (Mo.) ……

Local Contact Address:- ……..

Email-Id :- ……..

3. Category:- SC ……. ST ……. SEBC ……. Others……..

4. Date of Birth: ……. ……. 19 …….. Age:- ……..yrs ……month

5. Sex: M/F:- ……

6. Present Job: - ……..

7. Educational Qualification:-

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

8. Details of Teaching Experience:-

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

9. Details of Research papers publication / Presentation

Published	No. of Paper Published	Year of Publication	Name of Journal	Whether Journal is an Indexed Journal (Yes/ No)	Name of Article
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/ Residency Completion letter

(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) Aadhar card

<u>Undertaking</u>

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