

GMERS MEDICAL COLLEGE HIMMATNAGAR S.K-383001

Check List of Enclosures for post of SR/JR (Pre /Para Clinical)

Name of the Candidate: _____ Post Applied for: _____

Sr. No	Attested photocopies of Documents	Yes/ No	Not Applicable	Remarks if any
1	MBBS/BDS Mark Sheet.			
2	FINAL MBBS/BDS Attempt Certificate.			
3	P.G. MARK SHEET			
4	P.G. Attempt Certificate			
5	MBBS/BDS GMC Registration Certificate.			
6	MS/MD/MDS-GMC Registration Certificate.			
7	MBBS/BDS Degree Certificate			
8	MS/MD/MDS Degree Certificate			
9	Teaching/Clinical Exp. Certificate			
10	Internship Completion Certificate			
11	Birth Date Certificate: School-Leaving			
12	Research Publication			
13	NOC/ Reliving order			
14	CCC+ (Desirable)			
15	Pan Card			
16	Aadhar card			

Verified by:-

G.M.E.R.S. MEDICAL COLLEGE & HOSPITAL, HIMMATNAGAR (S.K)
GUJARAT MEDICAL EDUCATION RESEARCH SOCIETY,
(An organization of Government of Gujarat)
HIMMATNAGAR 383001 (NORTH GUJARAT -INDIA)

SENIOR RESIDENT/ JUNIOR RESIDENT (Pre /Para Clinical)- APPLICATION FORM

1. Post applied for : _____ In (Subject) _____

2. Name of Candidate _____

& Address _____

AFFIX
PASSPORT
SIZE PHOTO

(In BLOCK LETTERS)

Telephone No. with code (phone) _____ Mobile _____

Email ID : _____

3. Date of Birth : _____ Age _____ Year _____ Month _____

4. Gender : Male/Female Category:(OTHER/SEBC/SC/ST) _____

5. Present Job : _____ Place _____

6. Educational Qualification :

Sr.No.	Examination	Year of Passing	University	Only final year		
				Total Marks	Percentage	Attempt
1.	First Year MBBS					
2.	Second Year MBBS					
3.	Third MBBS Part-1					
3.	Third MBBS Part-2					
4.	MD/MS/DNB					

7. Details of teaching Experience

Sr.No.	Teaching Post Head	Name of Institution	Date		Total Period	
			From	To	Years	Month

8. 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					

9. Name of Two Referees (with phone No)

1 _____

2 _____

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

Attested Photocopies in Following order	Please tick (✓)	Attested Photocopies in Following Order	Please tick (✓)
(1) MBBS Mark sheet		(8) Teaching Exp. Certificate	
(2) MBBS Attempt Certificate		(9) Internship Completion Certificate	
(3) P.G. Mark sheet		(10) School –Leaving Certificate/Birth Date Certificate	
(4) P.G Attempt Certificate		(11) Research Publication	
(5) MBBS/BDS ; GMC Registration Certificate		(12) NOC / Reliving Order	
(6) P.G GMC Registration Certificate		(13) Aadhar card	
(7) MBBS and PG Degree Certificate		(14) Pan Card	

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