

GMERS MEDICAL COLLEGE HIMMATNAGAR S.K-383001

Check List of Enclosures for post of Junior Resident (Against the post of tutor)

Name of the Candidate: _____

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)

AFFIX
 PASSPORT
 SIZE PHOTO

APPLICATION FORM

1. Post applied for : Junior Resident against the Post of Tutor _____

2. Name of Candidate _____

& Address _____

(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.	MBBS /BDS/FMG					
2.	MD/MS/DNB/MDS					

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:

National/ International 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

9. Details of Gujarat Medical Council/Gujarat Dental Council Registration

Registration No.U.G _____ P.G _____

Date of Registration No.U.G _____ P.G _____

10. 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 (v)	Attested Photocopies in Following Order	Please tick (v)
(1) Final MBBS Mark sheet		(8) Teaching Exp. Certificate	
(2) Final 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 is 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