

GMERS MEDICAL COLLEGE HIMMATNAGAR S.K-383001

Check List of Enclosures for post of Senior Resident

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 : **SENIOR RESIDENT** In (Subject) _____

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 Final Part 2	Year of Passing	University	Only final year		
				Total Marks	Marks	Percentage
1.	MBBS /BDS Uni Final Part 2 Marks / FMG					
2.	MD/MS/DNB/MDS Final Year Marks					

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 Part -2 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