

Check List of Enclosures for post of JR

Name of the Candidate: _____

Post Applied for: _____

Sr. No	Attested photocopies of Documents	Yes/No	Not Applicable	Remarks if any
1	1 st , 2 nd , 3 rd Part-I & 3 rd Part-II 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	CPS DNB, Diploma -GMC Registration Certificate.			
7	MBBS/BDS Degree Certificate			
8	CPS DNB, Diploma Degree Certificate			
9	Clinical Exp. Certificate			
10	Internship Completion Certificate			
11	Birth Date Certificate: School-Leaving			
12	Research Publication			
13	NOC/ Reliving order			
14	Pan Card			
15	Aadhar card			

Verified by:-

To be filled by Candidate :-

Sr. No		Percentage		
1	1st Year MBBS/BDS Marks			
2	2nd Year MBBS/BDS Marks			
3	3rd Part-I MBBS/3rd Year BDS Marks			
4	3rd Part-II MBBS/4th Year BDS Marks			
5	No of Research Paper			
6	Whether having Diploma/DNB/CPS	Yes/No		

To be filled by Assessor :-

MBBS Degree	
Interview	
Total	

G.M.E.R.S. MEDICAL COLLEGE & HOSPITAL, VADNAGAR
GUJARAT MEDICAL EDUCATION RESEARCH SOCIETY,
 (An organization of Government of Gujarat)
 KHARAVAD MEDAN SIPOR ROAD VADNAGAR (NORTH GUJARAT -INDIA)
JUNIOR RESIDENT - APPLICATION FORM

- 1) Name of Candidate_____
- 2) Permanent Address_____
- 3) Present Address_____
- 4) Telephone No.(with code)_____
- Mobile No: _____
- Email Id:- _____
- 5) Category: (SC/ST/SEBC/OTHER)_____
- 6) Date of Birth____/ ____/_____
- 7) Age. ____Yrs. ____Month.
- 8) SEX. (M/F)_____
- 9) Present Job:_____

AFFIX
PASSPORT SIZE
PHOTO

10) Education Qualification:

Sr. No.	Examination	Year of Passing	University	Only for Final Year		
				Total marks	Percentage	Attempt
1	MBBS					
2	DIPLOMA/DNB/CPS					

11) Details of Clinical Experience:

Sr. No.	Clinical Post Held	Name Of Institute	Dates		Total Period	
			From	To	Years	Month
1						
2						
3						
4						

12) 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					

13) Name of Two Reference (With Phone No.)

1. _____

2. _____

14) List of Enclosures (attested copies-in following order)

- | | | | |
|---|--|----|---|
| 1 | 1 st ,2 nd ,3 rd Part-I & 3 rd Part-II MBBS/BDS Mark sheet | 8 | Teaching Experience Certificate |
| 2 | Final MBBS Attempt Certificate | 9 | Internship Completion Certificate |
| 3 | P.G. mark sheet. | 10 | School Leaving Certificate /Birth Certificate |
| 4 | P.G. Attempt Certificate | 11 | Research Publication |
| 5 | MBBS/BDS; GMC Registration | 12 | NOC/ Reliving Order |
| 6 | P.G.GMC Registration Certificate | 13 | Pan Card |
| 7 | Degree Certificate | 14 | Aadhar 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**