

# GMERS MEDICAL COLLEGE & HOSPITAL, VADNAGAR - 384355

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

Name of the Candidate: \_\_\_\_\_

Post Applied for: \_\_\_\_\_

Sr. No	Attested photocopies of Documents	Yes/ No	Not Applicable	Remarks if any
1	Final MBBS/BDS 3rd Part-II 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:-

Note :- Candidate to fill the details at back of this page.

**To be filled by Candidate :-**

<b>Sr. No</b>		<b>Percentage</b>		
<b>1</b>	<b>3<sup>rd</sup> Part-II MBBS Marks</b>			
<b>2</b>	<b>MD/MS/DNB/MDS Final Year Marks</b>			
<b>3</b>	<b>No of Research Paper</b>			

**To be filled by Assessor :-**

<b>MBBS Degree</b>	
<b>MD/MS/DNB/MDS Degree</b>	
<b>Interview</b>	
<b>Total</b>	

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

AFFIX  
PASSPORT SIZE  
PHOTO

- 1) Post Applied For :-  
 (A) S.R Post in Subject: \_\_\_\_\_
- 2) Name of Candidate \_\_\_\_\_
- 3) Permanent Address \_\_\_\_\_  
 \_\_\_\_\_
- 4) Present Address \_\_\_\_\_  
 \_\_\_\_\_
- 5) Telephone No.(with code) \_\_\_\_\_  
 Mobile No: \_\_\_\_\_  
 Email Id:- \_\_\_\_\_
- 6) Category: (SC/ST/SEBC/OTHER) \_\_\_\_\_
- 7) Date of Birth \_\_\_\_/ \_\_\_\_/\_\_\_\_
- 8) Age. \_\_\_\_Yrs. \_\_\_\_Month.
- 9) SEX. (M/F) \_\_\_\_\_
- 10) Present Job: \_\_\_\_\_

**11) Education Qualification:**

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

**12) Details of Teaching Experience:**

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

**13) 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					

**14) Name of Two Reference (With Phone No.)**

1. \_\_\_\_\_

2. \_\_\_\_\_

**15) List of Enclosures (attested copies-in following order)**

- |   |   |    |   |
|---|---|----|---|
| 1 | Final MBBS 3 <sup>rd</sup> Part –II 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 / Aadhar Card                        |
| 7 | MBBS and PG Degree Certificate                  | 14 | CCC+ (Desirable)                              |

**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**