

GMERS MEDICAL COLLEGE & HOSPITAL, VADNAGAR - 384355

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	FINAL 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, Diploma -GMC Registration Certificate.			
7	MBBS/BDS Degree Certificate			
8	CPS, 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:-

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) Post Applied For :-

(A) J.R Post in Subject:(Preference wise)

(1)_____ (2)_____

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	DIPLOMA/CPS					

12) Details of Clinical Experience:

Sr. No.	Clinical 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 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**