

CHECK LIST

Interview Date:-

1	Name of Candidate :	
	Subject :	
	Post Applied for :	
	Category :	
<u>FOR OFFICE USE ONLY</u>		
		REMARKS
2	Whether possessing requisite teaching Experience?	
3	Whether having required indexed research paper Publication (state/national/international)? (Please check & verify by Concerned subject expert.)	
4	Extra remarks (if any):	
	Application and attached documents Checked & verified by Dr. _____ Signature _____	
	Score (Out of 70 Marks): Application Scrutinized by Dr. _____ Signature of Scrutinizer _____	
	Publication Marks (Out of 20 Marks): Signature of Subject Expert _____ Name of Subject Expert _____	

GMERS MEDICAL COLLEGE & GENERAL HOSPITAL

VADNAGAR

APPLICATION FORM

Affix Passport
Size
photograph

1. Post Applied For

2. Name of the Candidate:.....

Address:

(With PIN code).....

[IN BLOCK LETTERS].....

Telephone No. with STD code: (phone) (M).....

Email:.....

3. Date of Birth:Age.....yrs

4. Sex : Male/Female

5. Category : SC ST SEBC General

6. Present job : Govt. / Other _____ If Govt:Regular/Ad.Hoc.

7. Educational Qualification:

Sr. NO	Examination	Year of Passing	University	Total Marks obtained	Percentage	Passing Attempt	For office use
1.	Final MBBS (PART 2 ONLY)						
2.	MD / MS						

8. Details of Medical Council Registration :

Registration No. U.G P.G

Date of Registration: U.G P.G

Name of Council: U.G P.G

9. Check List of Enclosures (attested photocopies in following order)

Attested photocopies in following order	Please Tick (v)	Attested	Please Tick(v)
(1) Final MBBS Mark sheet		(6) MS/MD;GMS Registration Certificate	
(2) Final MBBS Attempt Certificate		(7) Degree Certificate- MBBS	
		(8) Degree Certificate- MD/MS	
(3) P.G. Mark sheet		(9) Birth Date Certificate: School Leaving	
(4) P.G. Attempt Certificate		(10) Experience Certificates	
(5) MBBS : GMS Registration Certificate		(11) Internship Completion Certificate	

10. If MBBS complete form other country provides screening test/MCI registration copy.

11. Name of two references (With phone no.)

(1)

(2)

Undertaking

I declare that information started 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