

**G.M.E.R.S. MEDICAL COLLEGE & HOSPITAL, DHARPUR-PATAN**  
GUJARAT MEDICAL EDUCATION RESEARCH SOCIETY,  
(An organization of Government of Gujarat)  
PATAN-UNJA HIGHWAY 384275(NORTH GUJARAT -INDIA)  
**SENIOR RESIDENT(Clinical) - APPLICATION FORM**

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 Mark sheet.            | 8  | School Leaving Certificate /Birth Certificate |
| 2 | P.G. mark sheet.                  | 9  | Research Publication                          |
| 3 | MBBS/BDS; GMC Registration        | 10 | NOC/ Reliving Order                           |
| 4 | P.G.GMC Registration Certificate  | 11 | Pan Card / Aadhar Card                        |
| 5 | MBBS and PG Degree Certificate    | 12 | CCC+ (Desirable)                              |
| 6 | Teaching Experience Certificate   |    |   |
| 7 | Internship Completion Certificate |    |   |

**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**

**Check List of Enclosures for post of SR**

**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	P.G. MARK SHEET			
3	MBBS/BDS GMC Registration Certificate.			
4	MS/MD/MDS-GMC Registration Certificate.			
5	MBBS/BDS Degree Certificate			
6	MS/MD/MDS Degree Certificate			
7	Teaching/Clinical Exp. Certificate			
8	Internship Completion Certificate			
9	Birth Date Certificate: School-Leaving			
10	Research Publication			
11	NOC/ Reliving order			
12	CCC+ (Desirable)			
13	Pan Card			
14	Aadhar card			

Verified by:-