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 (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 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**

GMERS MEDICAL COLLEGE DHARPUR, PATAN-384275

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 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:-