

GOVERNMENT MEDICAL COLLEGE,
MAJURA GATE, SURAT

Affix Passport
Size
Photograph

APPLICATION FORM FOR Non PG JUNIOR RESIDENT

1. Name of the Candidate: _____

(In BLOCK LETTERS)

3. Address: _____

4. Telephone no. with STD code : _____ Mobile: _____

Email I.D. : _____

5. Date of Birth: ____ / ____ / ____ Age : ____ Years ____ Months ____

6. Sex: Male/Female

7. Working status / Employment: _____

8. Educational Qualifications:

Sr. No.	Examination	Year of Passing	University	Marks Obtained in		Total Marks	Attempt
				Theory	Practical		
1	FINAL MBBS (PART II ONLY)						

9. Details of Medical Council Registration:

Registration No: U.G. _____

Date of Registration U.G. _____

Name of Council U.G. _____

11. Name of two referees. (With Phone No.) 1. _____

2. _____

12. Check List of Enclosures (Attested Photocopies - In following order)

Attested photocopies in following order	Please Tick (√)
(1) FINAL MBBS Mark Sheet	
(2) FINAL MBBS Attempt Certificate	
(3) MBBS ; GMC Registration Certificate	
(4) Degree Certificate MBBS	
(5) Birth Date Proof : Birth Certificate / 10 th Mark sheet.	

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: Government Medical College, Surat.

Date: - - 2021.

Signature of Applicant

For Office Use Only

Registration No.: