

GOVERNMENT MEDICAL COLLEGE, MAJURA GATE, SURAT.

Affix Passport

Size Photograph

APPLICATION FORM FOR SENIOR RESIDENT

1. Subject applied for: _____

2. Name of the Candidate: _____

Address: _____

(In BLOCK LETTERS)

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

Email ID: _____

4. Date of Birth: ____/____/____ Age: _____ Years _____ Months

5. Sex: Male/ Female

6. Working status/ Employment: _____

7. Educational Qualifications:

Sr. No.	Examination	Year of Passing	University	Marks Obtained in		Total marks	Attempt
				Theory	Practical		
1	FINAL MBBS(PART II ONLY)						
2	MD/ MS/ DNB/Diploma						

8. Details of Teaching Experience as Junior Resident/Senior Resident

Sr. No.	Position Held as Junior/Senior	Name of Institution	Dates		Total Period	
			From	To	Years	Months
Total Experience as Junior/Senior Resident :						

9. 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. _____

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

2. _____

11. Check List of Enclosures (Attested Photocopies — In following order)

Attested photocopies in following order	Please, Tick(V)	Attested photocopies in following order	Please, Tick(V)
(1) FINAL MBBS Mark Sheet		(7) Degree Certificate MBBS	
(2) FINAL MBBS Attempt Certificate		(8) Degree Certificate MS/MD/DNB/Diploma	
(3) P.G. MARK SHEET		(9) Experience Certificate of Junior/Senior Resident	
(4) P.G. Attempt Certificate		(10) Birth Date Certificate : School Leaving	
(5) MBBS ; GMC Registration Certificate		(1 1) Undertaking Annexure — C	
(6) MS/MD/DNB/Diploma - GMC Registration Certificate.			

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 : Govt. Medical College, Surat

Date : - -2015

Signature of Applicant

For Office Use Only Registration No.:

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UNDERTAKING

I , _____ undertake to carry out my duties diligently and conscientiously, for the period for which I am appointed, I also undertake to prosecute my studies, for higher qualifications in the subjects/post graduate/qualification and to give satisfactory evidence of having done so.

I also further undertake not to abstain from duty or withdraw from work for any reason, except on leave duly sanctioned by the competent authority. I further hereby agree and state that I will perform all duties including those of casualty medical officer (CMO) as may be assigned by the Dean/ Medical Superintendent from time to time.

I also agree that in the event of non-performance of duties or failure to abide by terms of this undertaking or the terms of the Senior Residency Rules framed by the Government, the competent authority will be at liberty to forfeit one month's stipend and in addition terminate my senior residency.

(Signature of Candidate)