GOVERNMENT MEDICAL COLLEGE,

MAJURA GATE, SURAT

Affix Passport Size Photograph

APPLICATION FORM FOR SENIOR RESIDENT

1. Subject applied for :

2. 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) |  |  |  |  |  |  |
| 2 | MD / MS |  |  |  |  |  |  |

9. Details of Teaching Experience as Junior Resident / Senior Resident:

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

10. 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.

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 (√) | Attested photocopies in following order | Please Tick (√) |
| (1) FINAL MBBS Mark Sheet |  | (7) Degree Certificate MBBS |  |
| (2) FINAL MBBS Attempt Certificate |  | (8) Degree Certificate MS/MD |  |
| (3) P.G. MARK SHEET |  | (9) Experience Certificate of  Junior/Senior Resident. |  |
| (4) P.G. Attempt Certificate |  | (10) Birth Date Proof : Birth Certificate / 10th Mark sheet. |  |
| (5) MBBS ; GMC Registration Certificate |  | (11) Undertaking Annexure - C |  |
| (6) MS/MD - GMC / INC  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: Government Medical College, Surat.

Date: - - 2019. Signature of Applicant

For Office Use Only

Registration No.: