

GOVERNMENT MEDICAL COLLEGE,
MAJURA GATE, SURAT

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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	
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 / 10 th 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

<u>For Office Use Only</u> Registration No.:
