***Government Medical College, Surat.***

**Please Affix**

**ed Photo**

**Form-A**

**Month & Year of Exam: Sr. No:**

**Exam Subject: Result: Pass/ Fail or**

 **Not Appeared in Exam,**

**Please fill up all the information in Neat, Clean & Readable Hand Writing ONLY IN BLOCK CAPITAL LETTERS. Details required to be submitted for Government Appointment at the end of the course. Leave one blank box after each word/ spelling.**

(1) Full Name of P. G. Student begins with Surname first in capital block letters:

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| SURNAME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FIRST NAME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MIDDLE NAME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(2)Full Permanent Postal Address for Correspondence: (With House No./ Ward No./ Apartment / Society/ Street's Name)

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| D | I | S | T | : |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| P | I | N | C | O | D | E | : |  |  |  |  |  |  |  |

(3)Contact No. with STD Code No: Leave one blank box between box after Code No.

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| R | E | S | I. | M | O  | B  | I  | L | E | . | N | O | : |  |  |   |  |  |   |  |  |   |  |  |  |
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| E | M | A | I | L | A | D | D | : |  |

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 (4) Date of Birth:

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 (5) Home Town:

(6) Race & Religion with Caste & Sub caste:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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(7) Caste Category: (Make **√** against right applicable choice)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| OPEN MERIT |   |  | S.C. |  |  | S.T. |  |  | S.E.B.C. |  |

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 (8) Date of Joining in Ist M.B.B.S. Course at GMCS:

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 (10) Date of Joining in P.G. Course at GMCS:

(P.T.O.)

(11) Name & City of the Medical College from where M.B.B.S. is passed:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 (12) Amount of MBBS/P.G.Bond/Bank Guarantee in Rs:

 (13) Full Name & Address of M.B.B.S. Bond Surety/ Bank Guarantee:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  M | R  | / | M | R | S |   |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |  |  |  |
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| P | I | N | C | O | D | E | : |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes:  |  |  OR  | No: |  |

(14) Are you a bonded student of Government of Gujarat?

 If YES, then give the information of No.15 & 16 below details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes:  |  |  OR  | No: |  |

If No, then did you get the admission under ALL INDIA QUOTA?

(15) Did you continue/ extend your M.B.B.S. Bond/ Bank Guarantee for P.G. Course:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes:  |  |  OR  | No: |  | If No, Give the following details |

(16) Full Name & Address of P.G. Bond Surety/ Bank Guarantee:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  M | R  | / | M | R | S |   |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |  |  |  |
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| C | I | T | Y | : |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D | I | S | T | : |  |  |  |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |  |  |  |
| P | I | N | C | O | D | E | : |  |  |  |  |  |  |

**-: U N D E R T A K I N G:-**

All the information given in this P.G. Eligibility Exam Form is true and correct to best of my knowledge and records. I know that, if any information found wrong or incomplete, my form/nomination for appearing in University Exam may be cancelled.

 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

 Signature of P.G. Student

***Government Medical College, Surat.***

**Form-B**

**ELIGILIBILITY FORM FOR P.G. EXAM OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /20\_\_\_**

**To be filled by Candidate only in his/ her OWN HANDWRITING**

**Please fill up all the information in Neat, Clean & Readable Hand Writing ONLY IN BLOCK CAPITAL LETTERS. Details required to be submitted for Government Appointment at the end of the course. Leave one blank box after each word/ spelling.**

(1) Full Name of P. G. Student begins with Surname first in capital block letters:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SURNAME |  |  |   |  |  |   |  |  |   |  |  |   |  |  |   |  |  |
| FIRST NAME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MIDDLE NAME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(2) Full Name of P.G. Exam Subject:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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(3) Caste Category: (Make **√** against right applicable choice)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| General |   |  | S.C. |  |  | S.T. |  |  | S.E.B.C. |  |

(4) Status: (Make **√** against right applicable choice)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Degree Resident |  |  | Diploma Resident |  |  | Tutor |  |  | Medical Officer |  |

(5) Residency Appointment Order No. & Date of G.M.C., Surat:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  N | O | . | M | C | S | / | S | T | U | / | F | Y | R | / |  |   |  |  |   |  |  |   |  |  | / |  |  |
| D | A | T | E | : |  |  | / |  |  | / | 2 | 0 |  |  |

(6) Appointment Order No. & Date of V.N.S.G.University, Surat:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  N | O | . | A | D | M | / | M | E | D | / |   |   |   |   |  |   |  |  |   |  |  |  | / | 2 | 0  |   |  |
| D | A | T | E | : |  |  | / |  |  | / | 2 | 0 |  |  |

(7) Mention Academic P.G. Term/ Session for your P.G. admission:

Please **√** mark against any Suitable P.G. Term/ Session as per your order.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. | M | A | Y | - | 2 | 0 |  |  |  | T | O |  |  |  | O | C | T | O | B | E | R | - | 2 | 0 |  |  |
| 2. | N | O | V | E | M | B | R | - | 2 | 0 |  |  | T | O |  |  | A | P | R | I | L | - | 2 | 0 |  |  |
| 3. | A | L | L |   | I | N | D | I | A |  | Q | U | O | T | A | - | 2 | 0 |  |  |  |  |  |  |  |  |

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(8) Date of Joining in P.G. Course at GMCS:

 As per your Joining Report in the Department

(9) Did you get any Term Exemption from the University?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes:  |  |  OR  | No: |  | If Yes, Give the details with documents. |

(P.T.O.)

(10) Give the information regarding P.G. Term Attendance and Uni. Term Fees.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| AttendedTerm | No. ofLeave taken in each term | AmountPaid | Receipt No. & Date | TermGrantRemarks ByH.O.D.Term | Signature of P.G. Teacher for Term Grant |
| 1 |  |  |  |  |  |
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**-: U N D E R T A K I N G :-**

All the information given in this P.G. Eligibility Exam Form is true and correct to best of my knowledge and records. I know that, if any information found wrong or incomplete, my form/nomination for appearing in University Exam may be cancelled.

 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

 Signature of P.G. Student

**Enclosures: Self Attested True Copy of the following documents.**

|  |  |  |
| --- | --- | --- |
| 1. | Address Proof for correspondence any one from following documents:Make **√** mark against Proof submitted. | Tick |
| a.  | Ration Card | b. Telephone Bill | c. Gas Bill |  |
| d.  | Electricity Bill | e. Passport Copy | f. Election Voter Card |  |
| g.  | Corporation Taxes Bill | h. Certificate issued by competent authority |  |
|  |  |  |
|  | Final M.B.B.S. Passing Mark-sheet. |  |
|  | Internship Completion Certificate issued by the Medical College & University. |  |
|  | P.G. Admission Letter/ Order issued by Government Medical College, Surat.  |  |
|  | P.G. Admission Letter/ Order issued by Veer Narmad South Gujarat Uni., Surat. |  |
|  | P.G. Joining Report in Department.  |  |
|  | Gujarat Medical Council Registration for M.B.B.S. Degree. |  |
|  | Six/ Four Term Uni. Fees Paid Receipt. |  |
|  | Copy of M.B.B.S. Bond/ Bank Guarantee. |  |
|  | Copy of P.G. Bond/ Bank Guarantee. |  |
|  | Undertaking for Extension of M.B.B.S. Bond/ Bank Guarantee. |  |
|  | Mark-sheet of Last Exam appeared. (For Repeaters Students Only) |  |
|  | Caste Certificate. |  |
|  | School Leaving Certificate/ Transfer Certificate/ Birth-date Proof Certificate. |  |
|  | Final University Eligibility Certificate. (Only for who passed M.B.B.S. from other Uni.) |  |
|  |  Aadhar card.  |  |
|  |  Logbook page of Term completion – for 5 Terms |  |
|  |  Dissertation submission letter |  |
|  |  ICMR-NIE Research Methodology Course completion certificate |  |
|  |  Paper & Poster presentation certificate |  |
|  |  Paper submission document to Journal for publication |  |

***Government Medical College, Surat.***

**Form-C**

P.G. Eligibility certificate to be issued by the P.G. Teacher and In charge Head of P.G. Course/ Department only. Strictly not to be filled by P.G. Student.

**-:P.G. ELIGIBILITY CERTIFICATE:-**

**Eligibility for MD/MS/\_\_\_\_\_\_ examination to be held in \_\_\_\_\_\_\_\_\_\_\_20\_\_\_**

**Eligibility Criteria :**

|  |  |  |
| --- | --- | --- |
| Sr. No | Eligibility Criteria | Fill -YES/No  |
|  |  | 1st Term | 2nd Term | 3rd Term | 4th Term | 5th Term |
| 1 | Date of Joining as PG Student |   |
| 2 | Earlier terms granted |   |  |  |  |  |
| 3 | 80% Attendance in all terms |  |  |  |  |  |
| 4 | ICMR-NIE Biomedical Research Methodology course completed |   |  |  |  |  |
| 5 | 1 Paper and 1 Poster Presented in State/National conference |   |  |  |  |  |
| 6 | At least 1 Paper submitted to Journal for Publication |  |  |  |  |  |
| 7 | Dissertation submittedat the end of 5th Term |  |  |  |  |  |
| 8 | Term-wise Logbook signed by PG Guide & HoD |   |  |  |  |  |

As per the above mentioned criteria, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd Year Resident in ………………………….…………………………….. Department is eligible / not eligible for M.D. / M.S. / ……………………………………… in ………..………………………… examination to be held in May-June 2021.

This is to certify that Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a registered as a P.G. Student in the Degree/Diploma course of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the P.G. Course).He/ she has joined in this P.G. Course on dated: \_\_\_ /\_\_\_\_\_/20 \_\_\_ as per joining report. He/ She has attended duties/ lectures/ seminars in each his/ her 4 or 6 terms with more than 80% attendance to the satisfaction of P.G. Teacher and In charge Head of P.G. Course/ Deptt., He/ She has also completed and submitted his/ her P.G. Dissertation to the satisfaction of his/ her P.G. Teacher. I/ We hereby recommended/ not recommended to allow him/ her to appear in the P.G. Examination to be held in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by University authority.

 **Signature of P.G. Teacher Signature of In-charge of**

**With rubber stamp P.G. Centre G.M.C. Surat**

 **With rubber stamp of Department**