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 / 10th Mark sheet. |  |
| (6) NEET PG Marksheet |  |

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.: