



सत्यमेव जयते  
Government of Gujarat



Office of Dean,  
Government Medical College,  
Majuragate, Surat.



Website : [www.gmc Surat.edu.in](http://www.gmc Surat.edu.in), E-Mail: [dean.health.surat@gmail.com](mailto:dean.health.surat@gmail.com), Fax No.: 0261-2241025, Phone No.: 0261-2244175.

No. GMCS/PG/SR/ **12860** /2026

Date-**12/06/2026**

**VACANT POST OF SENIOR RESIDENT**

Application are invited for the below mentioned post of senior resident at Government Medical College, Surat for following department for existing vacancies.

Sr. No.	Name of Department	Vacant Post
1	Nephrology	01
2	Neonatology	01
3	Microbiology	01
4	Ophthalmology	01
5	Respiratory Medicine	01
6	Anesthesiology	02

All interested Candidate must attach necessary documents.

Age Limit- Not more than 45 years.

  
Dean  
Government Medical College  
Surat

# 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 / DNB						

### 9. (A) Details of Teaching Experience as Junior Resident:

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

### 9. (B) Details of Teaching Experience as Senior Resident:

Sr. No.	Position Held as Senior Resident	Name of Institution	Dates		Total Period		
			From	To	Years	Months	
Total Experience as 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 (√)
S.S.C. Marksheet		M.S./M.D. Degree Certificate	
H.S.C. Marksheet		M.S./M.D. - GMC Registration Certificate.	
M.B.B.S. Final Mark Sheet		Experience Certificate of Junior Resident	
M.B.B.S. Passing Certificate		Experience Certificate of Senior Resident.	
M.B.B.S. Attempt Certificate		Experience Certificate of Other Hospital / Institute (Except Senior Resident)	
Internship Completion		Resignation/Relieving Order (At Last Working Institute/ Hospital)	
MBBS ; GMC Registration Certificate		Experience Certificate of Super Specialty Residency	
Degree Certificate MBBS		Passing Certificate of Super Specialty	
M. D./ M. S. Final MARK SHEET		G.M.C. Registration of Super Specialty	
M. D./ M. S. Attempt Certificate		Attempt Certificate of Super Specialty	
M.S./M.D. Passing Certificate.			

If the form contains insufficient details and insufficient documents, the application will not be considered, for which the applicant will be responsible.

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: - - 2026.

Signature of Applicant

## UNDERTAKING

Name :- \_\_\_\_\_

Address:- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date:- \_\_\_\_\_

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/emergency duty 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)