

GOVERNMENT MEDICAL COLLEGE,

MAJURA GATE, SURAT

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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 / INC 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.			

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: - - 2025.

Signature of Applicant