

# Government Medical College, Surat.

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Applicant's  
Current  
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An Application Form for the Medical Transcript/Recommendation/  
Internship Clinical Training Etc. Certificate.

True Copy of the following certificate must be attached with this Application Form.

1. Attempt(Trial) Certificate of 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> M. B. B. S. Part-I & 2 & P.G. Examination.
2. Mark-sheets of 1st, 2<sup>nd</sup> & 3<sup>rd</sup> M. B. B. S. Part-I & 2 & P.G. Examination.(All Exam. Attempts)
3. Internship Completion Certificate issued by Dean, Govt. Medical College, Surat.
4. Internship Completion Certificate issued by Registrar, V. N. South Gujarat University, Surat.
5. Evidence having receipt of paid the bond penalty/ Bond Exemption Certificate.
6. Hostel/Library Deposit Receipt issued by Account Section at the Time of MBBS admission or any proof for Joining Date in Government Medical College, Surat .
7. M.B.B.S. Degree & P.G. Degree Certificate issued by V.N.S.G. Uni., Surat.
8. Receipt of ₹. 3,000/- of College Development Sammitte, G.M.C., Surat & Govt. Medical College Surat for Medical Transcript Processing Fees

**N.B.:- Medical Transcript will be issued 2/3 months later from the date of  
Receipt application to this office.**

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Please fill up all information in clear handwriting.

(1) Full Name of Student:

(2) Full Present Address of Student:

(3) Date of Admission in this College.      /      /      .(DD / MM/ YYYY)

(4) Details of Examination passing: (As Under)

Year	Month & Yr. of Exam. Held by Board/ Uni.	Date of Mark sheet	No. of Attempt
Std. 10+2 (H.S.C.)			
1st M.B.B.S.			
2 <sup>nd</sup> M.B.B.S.			
3 <sup>rd</sup> M.B.B.S. Part- Ist			
3 <sup>rd</sup> M.B.B.S. Part- 2 <sup>nd</sup>			
P.G.:MD/MS/Diploma in			

(5) Clinical Training Batch No.:      Roll No.:

(6) Date of Internship Training Posting: From      To  
Internship Batch No.      Sr. No.:

(7) Details of P.G. Study if any this college.

(8) Whether as Resident or Full Time P.G. Student

(9) Reason for asking this certificate:

I undersigned hereby declare that the information given above  
is Correct to the best of my knowledge.

Date:

Signature of Applicant: