

GOVERNMENT MEDICAL COLLEGE, SURAT.

Outside Majura Gate, Surat-395 001.

AN APPLICATION FORM FOR ATTEMPT CERTIFICATE FOR M.B.B.S. EXAMS.

To,
The Dean,
Govt. Medical College,
Surat.

INTERN BATCH NO. _____

Sub:- **To issue M.B.B.S. Attempt Certificate.**

Dear Sir,

I undersigned a bonafide student of this college. I need an Attempt Certificate of M.B.B.S. Exams. My personal details are as under:

- (1) Name of Student : Shri/Kum.
(IN CAPITAL LETTERS beginning with Surname AS PER MARK SHEET)
- (2) Date of Admission in this College : / / Admission Year: 200 -0 .
- (3) Clinical Posting Batch No. : _____ 2nd M.B.B.S. Roll No. : _____.
- (4) Intern Batch No. : _____ Int. Sr. No.: _____.
- (5) Month & Year of Passing M.B.B.S. Examinations:-
- (6) Mobile No. _____.

Name of Exam.	No. of Attempts	Month & Yr. of Exam.	Seat No. of Exam.	Present Or Absent	Result of Exam. Pass/Fail	Passing Attempt Remarks
First M.B.B.S.	1st Attempt					1st/2nd/3rd/4th
	2 ND Attempt					5 TH Attempt *
	3 RD Attempt					Pass
	4 TH Attempt					(Delete which
	5 TH Attempt					Not Applicable)
Second M.B.B.S.	1st Attempt					1st/2nd/3rd/4th
	2 ND Attempt					5 TH Attempt *
	3 RD Attempt					Pass
	4 TH Attempt					(Delete which
	5 TH Attempt					Not Applicable)
Third M.B.B.S PART-I	1st Attempt					1st/2nd/3rd/4th
	2 ND Attempt					5 TH Attempt *
	3 RD Attempt					Pass
	4 TH Attempt					(Delete which
	5 TH Attempt					Not Applicable)
Third M.B.B.S PART-II	1st Attempt					1st/2nd/3rd/4th
	2 ND Attempt					5 TH Attempt *
	3 RD Attempt					Pass
	4 TH Attempt					(Delete which
	5 TH Attempt					Not Applicable)

* Please bring on the Notice to the student Section, If the attempts are more than 5TH Attempt.

I have attached the following documents as under:

- (1) Receipt of Hostel/Library Deposit.(Caution Money Deposit Receipt) (No.1)
- (2) Mark-sheet of H.S.C. (Std.12) (No.1)
- (3) School Leaving Certificate/Transfer Certificate (No.1).
- (4) Mark sheets of All trials of 1ST M.B.B.S. Exams. (Total No. of Mark sheets=)
- (5) Mark sheets of All trials of 2ND M.B.B.S. Exams. (Total No. of Mark sheets=)
- (6) Mark sheets of All trials of 3RD M.B.B.S. P-1 Exams. (Total No. of Mark sheets=)
- (7) Mark sheets of All trials of 3RD M.B.B.S. P-2 Exams. (Total No. of Mark sheets=)
- (8) Any proof of Form withdrawn or dropped out from. Uni. Exam.

I the undersigned hereby declare that the all information given above is correct to the best of my knowledge and records.

Date: _____ Signature of Student : _____.

Note: Attempt Certificate will be issued after 2 months from the date of application. It should be collected from the Student Section only after intimation given on the Notice Board. No application will be entertained later on.

RNP/MBBS -ATTEMPT-