# GMERS MEDICAL COLLEGE JUNAGADH

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### APPLICATION FORM

For the post of Contractual Junior Resident in Preclinical / ParaClinical / Clinical / Any department Appointment at GMERS Medical College & Hospital, Junagadh.

1.	Post Applied for in (subject):					
2.	Name of Candidate in full :					
	& Address :					
	(In BLOCK LETTERS)					
	TelephoneNo.withcode:(Phone) (Mobile)					
	Email ID :					
3.	Date of birth :Age (Yr.) (Month)					
1.	Sex : Male/Female					
5.	Present Job : Govt./Others If Govt.: Regular/Ad-Hoc					
õ.	Whether CCC+ Exam Passed? Yes/No					
7.	Educational Qualification :					

Sr. No.	Examination	Year of Passing	University	Obtained Marks	Total Marks	Perce ntage	Attempt	For Office Use (Score)
1	MBBS 1 <sup>st</sup> year							
2	MBBS 2 <sup>nd</sup> year							
3	MBBS 3 <sup>rd</sup> year							
4	MBBS 3 <sup>rd</sup> year (part 2)							,

#### 8. Details of Research Publications:

Sr. No.	State/ National/ International Journal  State/ Name of Article (attach list Separately)		Date of Publication/ Acceptance For publication	Name of Journal	Indexation details, Whether Journal is Indexed ?	For Office Use (Score)	
1	2	3	4	5	6	7	

- 1							
9.	Det	ails of Medical,	Dental Council I	Registration	:		
	Re	gistration No. I	/IBBS/BDS & P.G	i			
	Da	te of Registrati	on: MBBS/BDS &	k P.G			
Name of Council: Graduation & P.G.							
10.	Nan	ne of two refer	ence, (With Pho	ne No.) 1. <sub>-</sub>			
				2.		,	
							-

## 11. Check List of Enclosures (attested photocopies in following order)

Please Tick(√)	Certificate	Please Tick(√)
	5 .MBBS/BDS; GMC/GDC Registration Certificate	
	6. MBBS Degree	
	7. PG Degree Certificate	
	8. School-Leaving certificate/ Birth Date Certificate	
	9. Research Publication photocopy with a Proof of Indexation.	
		Tick(✓)  5 .MBBS/BDS; GMC/GDC Registration Certificate  6. MBBS Degree  7. PG Degree Certificate  8. School-Leaving certificate/ Birth Date Certificate  9. Research Publication photocopy

## **Undertaking**

I declare that information stated above are 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 of GMERS Medical College –Junagadh.

Place:	
Date:	Signature of Applicant