

M.P.SHAH.GOVERNMENT MEDICAL COLLEGE

JAMNAGAR (GUJARAT)

APPLICATION FORM

PASSPORT  
SIZE PHOTO

1. Post Applied for :JUNIOR RESIDENT in (Subject) \_\_\_\_\_

2. Name of Candidate \_\_\_\_\_  
& Address \_\_\_\_\_  
(inBLOCKLETIERS) \_\_\_\_\_

3. Telephone No. With Code :(Phone) \_\_\_\_\_ (Mobile) \_\_\_\_\_

4. Category :SC **D** ST **D** SEBC **D** Other **D**

5. Date of Birth \_\_\_ 19\_\_ Age :- \_\_\_Yrs\_\_\_month

6. Sex :Male/Female

7. Present Job \_\_\_\_\_

8. Educational Qualification

Sr No.	Examination	Year of Passing	University	Total Marks	Percentage	Attempt	For Office use (score)
1.	FinalMBBS PART IIonly						
2.	Internship Period						

9. Details of Gujarat Medical Council Registration :

U.G. Registration No : \_\_\_\_\_ Registration Date : \_\_\_\_\_

10. Check List of Enclosures (attested photocopies- in following order)

Attested Photocopies in following order	Please tick ( )	Attested Photocopies in following order	Please tick ( )
(1) ALL MBBS Marksheet		(5) Degree Certificate	
(2) FINAL MBBS Attempt Certificate		(6) Cast Certificate(applicable only to domicile of Gujarat)	
(3) INTERNSHIP Completion Certificate		(7) Non Creamy Layer Certificate (For SEBC Candidate applicable only to domicile of Gujarat)	
(4) MBBS, GMC Registration Certificate		(8) Birth Date Certificate: School Leaving Certificate of 10th Std. given by GSEB.	

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 Ad-hoc selection committee.

Place :Medical College .....

Date : .....

Signature of Applicant