

**M.P.SHAH.GOVERNMENT MEDICAL COLLEGE
JAMNAGAR(GUJARAT)**

APPLICATION FORM

AFFIX
PASSPORT
SIZE
PHOTO

1. Post Applied for : SENIOR RESIDENT in (Subject) _____
2. Name of Candidate : _____
& Address _____
(in BLOCK LETTERS) _____

Telephone No. with code : (Phone) _____ (Mobile) _____

3. Category : SC ST SEBC Others
4. Date of Birth : ___ ___ 19___ Age:- ___ yrs ___ month
5. Sex : Male / Female
6. Present Job : _____

7. Educational Qualification

Sr. No.	Examination	Year of passing	University	Total Marks	Percentage	Attempt	For Office use(score)
1	FINAL MBBS PART II only						
2	MD/MS						
3	DNB						

8. Details of Teaching Experience:

Sr. No.	Teaching Post Held	Name of Institution	Dates		Total Period		For Office use (Score)	
			From	To	Yrs	Mths		
Total Teaching Experience -								

9. Details of Research Publications:

State/ National / International Journal	No. of Paper Published	Year of Publication	Name of Journal	Whether Journal is Indexed (Yes/No)	Name of Article (attach list separately)	For Office use (Score)
1	2	3	4	5	6	7

10. Details of Gujarat Medical Council Registration:

U.G. Registration No: _____ Registration Date: _____

P.G. Registration No: _____ Registration Date: _____

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 ()
(1) FINAL MBBS Marksheet		(7) Degree Certificate	
(2) FINAL MBBS Attempt Certificate.		(8) Teaching Exp. Certificate	
(3) P.G./DNB/ MARK SHEET		(9) Caste Certificate(applicable only to domicile of Gujarat)	
(4) P.G. Attempt Certificate.		(10) Non Creamy Layer Certificate (For SEBC Candidate applicable only to domicile of Gujarat)	
(5) MBBS; GMC Registration Certificate.		(11) Birth Date Certificate: School- Leaving Certificate OR Credit certificate of 10 th Std. given by GSEB.	
(6)MS/MD/ DNB-GMC Registration Certificate.		(12)Research Publication (Both original and photocopy) with a proof of Indexation.	

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

NB : As per MCI notification amendment in the Gazette of India part-3, Section-4 dt.8-6-2017.
Candidate must have P.G. in concerned subject. (MD/MS) Candidate must be less than 40 years of age.