

**GMERS MEDICAL COLLEGE**  
**PORBANDAR**

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**APPLICATION FORM**

**For the post of Preclinical, ParaClinical & Clinical Senior Resident/ Junior Resident  
for 12 month Contractual Appointment At GMERS Medical College , Porbandar.**

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)
4. Sex : Male/Female
5. Present Job : Govt./Others \_\_\_\_\_ If Govt.: Regular/Ad-Hoc
6. Whether CCC+ Exam Passed? Yes/No
7. Educational Qualification :

Sr. No.	Examination	Year of Passing	University	Total Marks	Percentage	Attempt	For Office Use(Score)
1	FINALMBBS/BDS (PART II ONLY)						
2	MD/MS/MDS						

8. Details of Teaching Experience :

Sr. No.	Teaching post Held	Name of Institution	Dates		Total Period		For Office use (Score)
Total Teaching Experience :-							

## 9. Details of Research Publications :

Sr. No.	State/ National/ International Journal	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

## 10. Details of Medical/Dental Council Registration :

Registration No. MBBS/BDS & P.G. \_\_\_\_\_

Date of Registration: MBBS/BDS & P.G. \_\_\_\_\_

Name of Council: Graduation & P.G. \_\_\_\_\_

11. Name of two reference, (With Phone No.) 1. \_\_\_\_\_

2. \_\_\_\_\_

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

(1) FINAL MBBS/BDS Mark Sheet.	Please Tick(✓)	(6) MS/MD/MDS/D.M./M.Ch.- GMC/GDC Registration Certificate	Please Tick(✓)
(2) FINAL MBBS/BDS Attempt Certificate		(7) MBBS Degree/PG Certificate	
(3) P.G.MARKSHEET		(8) Teaching Experience Certificate	
(4) P.G. Attempt Certificate		(9) School-Leaving certificate/ Birth Date Certificate	
(5) MBBS/BDS; GMC/GDC Registration Certificate		(10) Research Publication (original copy and photocopy) with a Proof of Indexation.	

## Undertaking

I declare that information stated above are true certificates, complete 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 –Porbandar.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant

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Email ID : \_\_\_\_\_

15. Date of birth : \_\_\_\_\_ Age \_\_\_\_\_ (Yr.) \_\_\_\_\_ (Month)

16. Sex : Male/Female

17. Present Job : Govt./Others \_\_\_\_\_ If Govt.: Regular/Ad-Hoc

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Sr. No.	Teaching post Held	Name of Institution	Dates		Total Period		For Office use (Score)
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## 22. Details of Medical/Dental Council Registration :

Registration No. MBBS/BDS & P.G. \_\_\_\_\_

Date of Registration: MBBS/BDS & P.G. \_\_\_\_\_

Name of Council: Graduation & P.G. \_\_\_\_\_

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2. \_\_\_\_\_

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

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(7) FINAL MBBS/BDS Attempt Certificate		(7) MBBS Degree/PG Certificate	
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