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 (subj ect):

2. Na	ame of Candidate	in tull :					_		
&	& Address :								
(In	BLOCK LETTERS)								
Te	TelephoneNo.withcode:(Phone) (Mobile)								
En	Email ID :								
	ite of birth:			(Yr.)	(Month)			
4. Se	x	: Male/F	emale						
5. Pro	esent Job	: Govt./C	Others	_ If Govt.:	Regular	Ad-Hoc			
6. W	hether CCC+ Exan	n Passed?	Yes/No						
7. Ed	ucational Qualific	ation :							
Sr. No.	Examination	Year of Passing	University	Total Marks	Percentag	e Attempt	For Office Use(Score)		
1	FINALMBBS/BDS (PART II ONLY)								
2	MD/MS/MDS								
8. De	etails of Teaching	g Experie	nce :						
Sr. No.	Teaching post Hel	d Nam	ne of Institution	Dat	es	Total Period	For		
							Office		
							use		
							(Score)		
Total T	l eaching Experience :	<u> </u>							
<u> </u>				+	<u> </u>		<u> </u>		

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 :										
Re	Registration No. MBBS/BDS & P.G.									
Da	Date of Registration: MBBS/BDS & P.G									
Na	me of Council:	Graduati	on & P.	G						
11. N	ame of two ref	erence, (\	With Ph	one No.) 1						
	2									
12. Cł	neck List of Enc	losures (a	attested	l photocopie	es in followin	g order	r)			
1) FINAL MBBS/BDS Mark Sheet. Please $Tick(\checkmark)$ (6) MS/MD/MDS/D.M./M.Ch GMC/GDC Registration Certificate $Tick(\checkmark)$										

Tick(✓) (2) FINAL MBBS/BDS Attempt Certificate (3) P.G.MARKSHEET (8) Teaching Experience Certificate (4) P.G. Attempt 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

GMERS MEDICAL COLLEGE PORBANDAR

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APPLICATION FORM

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

13. Post Applied for in (subj ect):

14. Na	me of Candidate	in full :							
							_		
No. Examination Passing University Marks Percentage Attempt Use(Score Use(Score Passing Passing Passing Percentage Attempt Use(Score Passing Passing Passing Percentage Attempt Use(Score Passing Passing Percentage Attempt Use(Score Passing Pas									
TelephoneNo.withcode:(Phone) (Mobile)									
Em									
				(Yr.)	Month)			
16. Se	x	: Male/F	emale						
17. Pre	esent Job	: Govt./C	Others	_ If Govt.:	If Govt.: Regular/Ad-Hoc				
18. WI	hether CCC+ Exan	n Passed?	Yes/No						
19. Ed	ucational Qualific	ation :							
Sr.	Evamination	Year of	University	Total	Dorcontage	Attompt	For Office		
No.	Examination	Passing	University	Marks	Percentage	Attempt	Use(Score)		
1	•								
2	MD/MS/MDS								
20.De	etails of Teaching	g Experie	nce :						
Sr.									
No.	Teaching post Hel	d Nam	ne of Institution	Dates		Total Period			
						Total Period For Office Office Office Office Office Office Office			
							Office		
							use		
							(Score)		
Total T	eaching Experience :	-							

21. Details of Research Publications:

Date: _____

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

1	2	3	3	4	5	6		7
22. De	tails of Medica	al/Denta	l Council	Registratio	n :			
Reg	istration No. I	MBBS/BI	OS & P.G.					_
Dat	e of Registrati	on: MBE	SS/BDS &	P.G				
Nar	ne of Council:	Graduat	tion & P.C	э				
23. Na	me of two ref	erence, ((With Pho	one No.) 1				
					•			
24 Ch	eck List of Enc	losures (attested	nhotoconie	s in followir	ng order	·)	
	MBBS/BDS Mark				MDS/D.M./M.C		<u>·</u>	\neg
(0)		Sile ett.	Please Tick(✓)	GMC/GDC Registration Certificate			Please Tick(✓)	
			TICK(*)	(7) MBBS Degree/PG Certificate				_
(7) FINAL Certifi	MBBS/BDS Attem cate	ipt		(7) MBB2 De	gree/PG Certifi	cate		
(8) P.G.M	ARKSHEET			(8) Teaching	Experience Cer	tificate		
(9) P.G. A	ttempt Certificate	<u> </u>		(9) School-Le		\dashv		
				Birth Date Certificate				
	MBBS/BDS; GMC/ ration Certificate	GDC		(10) Research Publication (original copy and photocopy) with a				
negisti	ration certificate				indexation.	/ILII a		
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			<u>Unde</u>	rtaking	•			
I de	clare that inf	ormatio	n stated	ahove are	true certific	ates co	mnlete	to
	y knowledge.						-	
								<i>J</i> 01
e decisio	on of Selectio	n Comm	ittee of G	INIEKS INIEG	icai College	–Porbar	ndar.	
ace:								

Signature of Applicant