

**GMERS MEDICAL COLLEGE**  
**JUNAGADH**

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**APPLICATION FORM**

For the post of Contractual Senior 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)
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	Obtained Marks	Total Marks	Percentage	Attempt	For Office Use (Score)
1	MBBS 3 <sup>rd</sup> year							
2	MD/MS/DNB/MDS 3 <sup>rd</sup> year							

8. 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

9. 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. \_\_\_\_\_

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

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

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

Certificate	Please Tick(✓)	Certificate	Please Tick(✓)
1.MBBS/BDS Mark Sheet		5 .MBBS/BDS; GMC/GDC Registration Certificate	
2.FINAL MBBS/BDS Attempt Certificate		6. MBBS Degree	
		7. PG Degree Certificate	
3.P.G.MARKSHEET		8. School-Leaving certificate/ Birth Date Certificate	
4.P.G. Attempt Certificate		9. Research Publication 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 Selection Committee of GMERS Medical College –Junagadh.

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

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

Signature of Applicant