COMMISSIONERATE OF HEALTH, MEDICAL SERVICES AND MEDICAL EDUCATION (Medical Education) BLOCK-4, DR. JIVRAJ MAHETA BHAVAN, GANDHINAGAR **APPLICATION FORM**

AFFIX PASSPORT SIZE PHOTO

1. Post Applied for :	<u> </u>		_in (Subj	ect)						
Without / With Privat	e Practice:									
2. Name of Candidate (In										
Address in BLOCK LETTERS										
	= " ,									
Telephone No. with co	de: (Phon	ne)		(Mob	ile)				
E-mail I.D.										
		- 								
4. Date of Birth : 1	Day 1	MonthYear	_	Age:	ī-	yrs.	Mo	onth		
5. Sex : N	Male / Fema	ale								
6. Present Job:										
7. Whether CCC + Exam I										
8. Educational Quali										
Sr. Examination	Year of Passing	Name of Institute	Total Marks	Obta Marl		Percentage %	Aftemnt -		For ((Sco	Office use re)
FINAL MBBS Part-II / FINAL									%	Í
1. BDS/M.Sc.	-4							- 1	Atte	
MD/MS/MDS/				E 3.				_	mpt	
2. DNB/Ph.D.								- 1	Atte mpt	
3. DM/M.Ch./DNB									Atte	
4. Diploma								_	mpt Atte	_
4. Dipiona	-	4							mpt	
9. Details of Teaching	Experien	ce:								
Sr. No. Teaching Post Held	Name			Dates			Total Period			For
140.	Name	or institution	From		To		Yrs	Mtl	13	Office use
	11.									use (Score)
,							-		_	
	No.				-				- 4	
Total Tarakta										
Total Teaching Expe	rience -				_					DTO

10. Details of Research Publications:

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

11. Details of Council Registration:	y	
1. MBBS Registration	No:	Registration Date:
2. M.D./M.S./MDS/DNB Registration	No:	Registration Date:
3. D.M./M.Ch./DNB Registration	No:	Registration Date:
12. Name of two referees. (With Pho	ne No) 1	<u> </u>
	2	
13. Check List of Enclosures (atteste	ed photocopies- in following or	der)

Attested photocopies in following order	please tick (√)	Attested photocopies in following order	please tick (√)
(1) FINAL MBBS Part-II/Final BDS/M.Sc. Mark Sheet.		(8) All Degree Certificates.	
(2) FINAL MBBS Part-II/Final BDS/M.Sc. Attempt Certificate		(9) Teaching Exp. Certificate	
(3) Internship Completion Certificate.		(10) ST/SC/SEBC/EWS Certificate	
(4) P.G. MARK SHEET (MD/MS/DM/M.Ch./DNB/Ph.D.)		(11) Non Creamy Layer Certificate (For SEBC Candidate applicable only to domicile of Gujarat)	
(5) P.G. Attempt Certificate. (MD/MS/DM/M.Ch./DNB/Ph.D.)		(12) Birth Date Certificate / School Leaving Certificate.	
(6) MBBS/BDS Registration Certificate		(13) Research Publication (Both original and photocopy) with a proof of Indexation.	
(7) MD/MS/DM/M.Ch./DNB Registration Certificate.		* 3	

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.

Place:	Govt.	Medical	College.	Bhavnagar.
I lace.	GUVI.	Micuicai	Conege	Dilwi

Date: - -2022

Signature of applicant