GMERS Medical College, Valsad

SR/ JR/ Tutor Application Form

Affix your photo here

1. Post Applied for: _____
2. Name of Candidate : _____
   & Address _____
   (**in Block Letter**) _____
   Telephone No. with code: (Phone)_____ (Mobile) _____
   Local Contact Address : _____
3. Category : SC ☐ ST ☐ SEBC ☐ Others ☐
4. Date of Birth : ____ / ____ / ____ Age :- _____ yrs ____ months
5. Sex : M / F : _____ Email Add : _____
6. Present Job : _____

7. Education Qualification

Sr. No.	Examination	Year of Passing	University	Obtain Marks / Total Marks	Percentage	Attempt
1	First Year M.B.B.S.					
2	Second Year M.B.B.S.					
3	Third Year (Part-I) M.B.B.S.					
	Third Year (Part-II) M.B.B.S.					
4	**Final Year (Part-I + Part-II)**					
5	FMG Screening Test Marks					
6	M.D./M.S.					

8. Details of Teaching Experience:

Sr.No.	**Teaching Post Held**	**Name of Institute**	**Dates**		**Total Period**	
			From	To	Years	Months

9. Details of Research papers publications / Presentation

Published	No. of Paper Published	Year of Publication	Name of Journal	Whether Journal is an Indexed Journal (Yes/No)	Name of Article
1	2	3	4	5	6
National Journal					
International Journal					

10. Name of two referees. (With Phone No.)

1. _____
2. _____

11. List of Enclosures (attested copies – in following order)

(1) FIRST MBBS Mark Sheet.	(10) NMC Screening Test Marksheet (For FMG)
(2) SECOND MBBS Mark Sheet.	(11) Adhar Card
(3) FINAL MBBS Part-1 Mark Sheet	(12) Pan Card
(4) FINAL MBBS Part-2 Mark Sheet	(13) Teaching Experience Certificate
(5) MBBS Attempt Certificate	(14) Intern ship Completion Certificate
(6) MBBS –GMC/BDS-GDC Registration Certificate **(Mandatory)**	(15) School- Leaving Certificate / Birth Certificate.
(7) P.G. Mark sheet	(16) Relieving order (Previous Emplyee)
P.G. Attempt Certificate	(17) Research publication (if any) **(Approval letter of Ethics Committee and indexation is mandatory)**
(8) PG –GMC /GDS Registration Certificate **(Mandatory)**	
(9) Degree Certificate- MBBS/PG	

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: **Signature of Applicant**

Date: