

GUJARAT UNIVERSITY

DOCTOR OF MEDICINE

EXAMINATION APPLICATION FORM FOR APPEARANCE AT POST-GRADUATE MEDICAL DEGREE EXAMINATION FOR FRESH/REPEATER CANDIDATES

(Form Fees: Rs. 25/- + Exam Fees : Rs. 2,700) = Rs. 2,725/-

FOR FRESH CANDIDATES

Branch.....Sub.....

Degree	M.D. Br	
Institute		
Number of Attempt		

Br. I General Medicine, Br. II Pathology, Br. III Anatomy, Br. IV Pharmacology, Br. V Paediatrics, Br. VI Anesthesiology, Br. VII Community Medicine, Br. VIII Physiology, Br. IX Radiodiagnosis, Br. X Radiation Oncology, Br. XI Dermatology, Venerology & Leprosy, Br. XII Psychiatry, Br. XIII I. H. B. T., Br. XIV Respiratory Medicine, Br. XV Forensic Medicine, Br. XVI Microbiology, Br. XVII Biochemistry, Br. XVIII Emergency Medicine, Br. XIX - Palliative Medicine.

APRIL/OCTOBER 20..... EXAMINATION

N.B.---Forms will not be accepted after the prescribed date

To,

The Registrar,
Gujarat University, Ahmedabad --380 009.

Sir,

I request your permission to appear at the ensuing examination for the degree of Doctor of Medicine in the branch mentioned above. I hereby remit the prescribed fees. My personal details are as under:

1. Name in full in CAPITAL letters (Correct spelling essential: it will not be changed later).

(Mention the name stated in Final M.B.B.S. Part-II Mark sheet)

2. Mother's Name.....
3. Gender.....Caste..... Category..... Birth Date.....
4. Date of passing Final M.B.B.S. Part-II Examination..... 20.....
5. Date of convocation, admitting to M.B.B.S. Degree..... 20.....
6. Joining date..... as per P.G. Registration Certificate No.Dated
7. Name of PG Teacher.....
8. Permanent residential address:
.....
..... Mobile No.
9. Address for communication (if same as 8, keep blank).
.....

Special Note : (1) It is essential to attach Self attested Photo copies of :

- (a) Mark-sheet of Final M.B.B.S. Part-II Exam.
- (b) M.B.B.S. Degree Certificate
- (c) P.G. Registration Certificate
- (d) GMC Registration Certificate
- (e) PG Orientation Programme attendance Certificate
- (f) B.C.B.R. Completion Certificate
- (g) Research paper publication/Research paper publication certificate/Acceptance Letter
- (h) Oral paper presentation certificate
- (i) Poster presentation certificate
- (j) DRP completion certificate (for admission batch 2021-22 onwards)

(2) Please read and fill up carefully, incomplete form will be rejected.

10. Title of Dissertation:

Six copies duly certified by the teacher and two C.Ds. must accompany this form.

11. (a) Research paper published/Accepted/Sent Yes/No.
 (b) Oral paper presentation certificate: Date:.....
 (c) Poster presentation certificate: Date:.....
 12. B.C.B.R. Completion Certificate: Date
 13. PG Orientation Certificate duly attested by PG Teacher: Date
 14. DRP completion certificate: Date:.....

I hereby declare that the details/ information given in this examination form are true and correct to the best of my knowledge and belief. If anything is found to be incorrect or false or misleading or untrue or misleading or misrepresenting, I understand that I shall be liable for below action as may be decided by the Gujarat University/ College.

- (i) My examination result shall be cancelled & fees shall be forfeited.
 (ii) My council's MBBS Registration and MBBS Degree shall be terminated.
 (iii) I shall be prosecuted.
 (iv) I shall be liable for any legal action under Indian Penal Code (IPC) or any law prevailing in the country.

(v)

Date: 20

Signature of the applicant

- (i) I certify that student has worked under me/ my unit during all terms (except maximum 6 months of rotation term)
 (ii) I have verified all the items including items 10, 11, 12, 13 & 14 in details and on comparison with original documents found them to be correct.
 (iii) I certify that the above information given by the candidate is correct to the best of my knowledge.

Date : Signature
 Name :

P.G. Teacher under whom registered

15. Examination fee Rs. received : yes / no.
 16. Six copies of dissertation received: yes / no.
 17. Form complete in all aspects: yes / no. (Incomplete form must NOT be forwarded).

I certify that all information given by the candidate is correct; items 10, 11, 12, 13 & 14 depict the correct information. Six terms are granted / not granted. Permission to appear may be granted/ not granted.

I certify that is eligible to appear in examination as per all the Rules, Regulation & Norms of concern council and Gujarat University. I also certify that details filled in this form have been verified.

Date :

Signature & Name

College Seal PG Director/ Dean..... College

For University Office only :

- (a) Term fees paid : (b) Registration Certificate checked :
 (c) Dissertation checked : (d) Convocation checked :
 (e) PG Orientation Programme attendance Certificate (f) B.C.B.R. Completion Certificate :
 (g) DRP completion certificate: (h) Complete / Incomplete:

Permission granted: Seat No:
 Permission refused: Reasons: Signature with date:

Note:-Out of 6 copies of Dissertation, 4 copies to be sent to University & 2 copies to be kept in College 1 for College library & 1 for College Office.

FOR REPEATER CANDIDATES
To be filled in by the Dean/ PG Director

I certify that failed to pass the MD-.....
in the subject of Examination held in 20

I certify that is eligible to appear in examination as
per all the Rules, Regulation & Norms of concern council and Gujarat University.

Place :.....

(Signature).....

Date :..... 20 .

College Seal

Dean/PG Director College

Special Note: It is essential to attach Self attested Photo copies of:

- (a) All mark sheets of MD (b) Repeater Enrolment Fee Receipt