Price : Rs. 25/-GUJARAT UNIVERSITY

Received on : Sign

रात युनियान्न
कमसुका भूम

D.M. / M.Ch.				
Seat No.				
Merit No.				

FORM OF APPLICATION FOR ADMISSION TO D.M. OR M.Ch. COURSE To be submitted at P.G. section of the University (No. 36) only

To,

The Registrar, Gujarat University, Ahmedabad-380009.

Sir,

Kindly permit me to apply for admission to the D.M.* M.Ch.* course as mentioned below. I undertake to abide by all the rules and regulations of the University. If any of the statements made in this application form or any information / documents supplied by me in connection with my application for admission is later on found to be false or incorrect or misguiding or if it is found that I have concealed any information / fact in connection with this application, my admission shall be cancelled without any notice thereof, fees forfeited and I may be expelled and prosecuted; also I shall be ineligible to apply for any of these or other courses in future.

1.		ine of the applicant.				
	(u)	(Name) (Father's / Husband's name) (Surname)				
	(b)	(Maiden name, if applicable)				
		Iale / Female 3. Date of Birth :				
4.	Place	Birth :				
5.	(a)	Address for correspondence :				
		1				
	(h)					
	(0)	ernanent address (fill only if other than above) :				
6.	Natio					
7.		Married or Single : Married / Single				
8.		M.D.* M.S.* as under :				
		.G. Degree : M.D.* / M.S.* Br(Subject)				
	(b)	Date of passing (Result) :				
	(c) (d)	eat No. : Iniversity : Gujarat* / Other* (Specify)				
	(u)	Certificate of marks/passing of M.D.* M.S.* : duly attested Xerox copy must be attached				
	(e)	Date of taking the M.D.* M.S.* Degree (Date of Convocation) :				
	(•)	If no convocation has taken place after the results are declared, the candidate				
		nust take the degree at the next convocation and inform the University; unless the				
		andidate has taken the degree of M.D. or M.S. at the convocation, he shall not be				
		ligible to apply for the examination of D.M. or M.Ch.				

* Delate which is not applicable.

Attested Xerox copy of M.D. or M.S. degree certificate (after convocation) should be attached.

9. Courses for which you desire admission : (mention Branches & Subjects) ORDER OF PREFERENCE :

	OKDER OF PREF	EKENCE .			
	Course	Branch	Subject		
	1. D.M. / M.Ch.	••			
	2. D.M. / M.Ch.	••			
	3. D.M. / M.Ch.	•••			
	4. D.M. / M.Ch.	•••			
	5. D.M. / M.Ch.	•••			
			L. No. change will be allowed later on.		
	However (a)	The candidate may decline to g will then be eligible to apply	get admitted before he pays the fees; he in future.		
	(b)	6	lates are exhausted and still vacancies admitted in the subject of his interest ecorded preference.		
10.	Details of present				
	(a) Designation	•••••••••••••••••••••••••••••••••••••••			
	-	ovision : O. M.D. 6 : O. M.S.			
			dency or higher full time appointment		
		, , , , , , , , , , , , , , , , , , , ,	of 3 years' duration under recognised		
	post-graduate teacher in the subject (speciality) concerned. Out of these 3 years maximum of one year (2 terms) may be by rotation under recognised P.G. teacher or teachers of				
			ule 7 (Rotation not permitted for D.M.		
	& M.Ch.)				
11.	<i>,</i>	al Eligibility Certificate if belor	nging to other than Gujarat University.		
	-	s certificate the application will			
12.					
	and marked as per the it's below. Originals must be produced at interview.				
	(a) Mark-sheet of M.D./M.S. examination.				
	(b) Passing certification	ificate of M.D./M.S. examination	on		
	(c) Degree Cert	ificate of M.D./M.S. (Convoca	tion)		
	(d) Good standi M.D./M.S. (-	of the Institute where he studied for		
	(e) Gujarat Med	lical Council Registration Certif	ficate.		
13.	Entrance examinat	ion fee Rs. 250/- paid. Rece	ipt No Date :		
	Receipt atteched.				
			Yours faithfully		
Date	:200 .				

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Signature of the applicant.

Note.— Application form must be complete in all respects at the time of submission. No addition or alteration or submission of documents will be permitted afterwards.