



GUJARAT UNIVERSITY

FORM OF APPLICATION FOR APPEARANCE AT POST-GRADUATE MEDICAL DIPLOMA EXAMINATION FOR FRESH REPETER CANDIDATES

(Fees : Rs. 2,700/-)

Rs. 25/- (Twenty Five Rupees only)

FRESH/REPETER

DIPLOMA IN

Diploma	
Institute	

1. Anesthesia : D.A., 2. Ophthalmology : D.O., 3. Paediatrics : D.CH., 4. Gynecology & Obstetrics : D.G.O., 5. Laryngology & Otolaryngology : D.L.O., 6. Venereology & Dermatology : D.D.V.L., 7. T. B. & Chest Diseases : D.T.C.D., 8. Medical Radiology & Electrology : D.M.R.E., 9. Psychological Medicine : D.P.M., 10. Clinical Pathology : D.C.P., 11. Public Health : D.P.H.

APRIL/OCTOBER 20 EXAMINATION

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

To,

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

Sir,

I request your permission to appear at the ensuing examination for the Diploma mentioned above. I hereby remit the prescribed fees. My personal details are as under :

- 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./Marksheet OR PEC)

.....

2. Male or Female.....

3. Race & Religion.....

4. Date of passing H.S.C. Examination 20 .. .

5. Date of passing Third M.B.,B.S. Examination 20 .. .
(Xerox copy of marks certificate to be attached.)

6. Date of completion of internship 20 .. .

7. Date of convocation, admitting to M.B.,B.S. Degree 20 .. .
(Xerox copy of degree certificate to be attached.)

8. Joining date on admission to this P.G. Course as per P.G. Registration.
Certificate No. dated (Xerox copy to be attached.)

9. Permanent residential address :

.....

.....Tele. No.

Special Note : (1) It is essential to attach Xerox certified copies of :

(a) Mark-sheet of M.B.,B.S. Exam. (b) Degree Certificate

(c) P.G Registration Certificate & (d) Final Eligibility Certificate if required.

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

[P.T.O.]

11. Address for communication in near future (if same as 10, keep blank).

12. Final eligibility certificate No.....date.....for graduates of other Universities, (Xerox copy to be attached).

Four copies & two C.D.P. duly certified by the teacher must accompany this form.

13. Details of four terms of training :

Term	Under PG Teacher	From Date	To Date	Period Months	Post	Subject
------	---------------------	--------------	------------	------------------	------	---------

I	.....	.....	.....	.....	.....	.....
II	.....	.....	.....	.....	.....	.....
III	.....	.....	.....	.....	.....	.....
IV	.....	.....	.....	.....	.....	.....

14. All the information in this application is correct and I am fully aware that if any information is missing / misleading / wrong / suppressed, my application will be rejected.

15. (a) Confereme attached
- (b) Research paper/article published
- (c) Paper presentation at confereme

Date : 20

Signature of the applicant

Certified that the above information given by the candidate is correct to the best of my knowledge. I have verified all the items including items 9, & 12 in details and on comparison with original documents found them to be correct. I have verified that 4 terms are granted as per details in item 13. (4th term granting in subject to revision.)

It is recommended that the permission be granted.

Date : 20 Signature & Name :

..... of
P.G. Teacher under whom registered.

14. Examination fee Rs.....received : yes/no.

15. Form complete in all respects : yes/no. (incomplete form must NOT be forwarded).

15. Certified that all information given by the candidate is correct; items 9, 12, & 13 depict the correct situation. Four terms are granted/not granted. items 14 & 15 are correctly shown. Permission to appear may be granted/not granted.

Date : 20 Signature & Name

Director, PGI. BJMC/Dean NHL Med. College

For University Office only :

(a) Term fees paid :

(c) Convocation checked :

(e) Complete/Incomplete :

Permission granted : Seat No.

Permission refused : Reasons :

(b) Registration, Certificate checked :

(d) Final Elig. Cert. :

Signature :

Sign. with date :