

-12-2020

Rs. 25/- (Twenty Five Rupees) only Final M.B.,B.S. Part-II (Whole/Part)

Abbreviated name of the College

(To be entered by the College Office) _____

GUJARAT UNIVERSITY

FINAL M.B.,B.S. PART-II EXAMINATION—February/August, 20 .

(Examination Fee : Rs. 1200 including Mark-Statement Fee)

N.B.— Forms submitted after the prescribed date will not be accepted. Please fill in all details neatly. Incomplete form will be rejected.

To

The Registrar,

Gujarat University, Ahmedabad-380 009.

I request permission to present myself at the ensuing Final M.B.,B.S. Part-II Examination for the Degree of M.B.,B.S. at the Ahmedabad Centre and herewith Rs. 1200 as fees (included M.S. fees).

• I request exemption from the following subject/subjects as I have obtained percentage of marks entitling me to exemption in those subjects in accordance with Ordinance and Regulations of the university at the examinations held in the months and years mentioned against them.

	Subjects	Month & Year	Seat No.	Name of the University
1.
2.
3.

Yours faithfully,

Place :

Date :20 . (Signature of Candidate).....

Personal Details				Col. Nos.	To be filled in by the College	
Surname Name		Fathers's Name				
Name in full in block letters (Beginning with Surname)				9 -12	Sr. No. of Applicant	
Grand Fathers's Name.....				13 -15	College Code	
Race & Religion..... Male or Female.....				16 17	Centre Code	01
SC or ST or SEBC or Open.....				18	Appearing in (i) Whole (ii) Part	
College.....						
Fresh Student or Repeater student.....				26	Sex	
Examination Particulars						
Name of Examination	Month & Year	Seat No.	Name of University/Board	Write Ex. against the subject where exemption is claimed		
H.S.C. or equivalent Exam.						
First M.B.,B.S. Exam.						
Second M.B.,B.S. Exam.						
Final M.B.,B.S. Part-I Exam.						
Final M.B.,B.S. Part-II Exam. (for only Repeater)						
Date of joining the I M.B.,B.S. Course.....						
Residential address.....				72 74	Medicine	
..... Tele. No.				76 78	Surgery	
Permanent address.....				80 82	Ob. & Gynaecology	
..... Tele. No.				84 86	Pediatrics	

[P.T.O.]

FOR FRESH CANDIDATES

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 and found correct as per college record.

Place :..... (Signature).....

(Seal)
Date :..... Dean..... College.....

FOR REPEATER CANDIDATES

I certify that Shri / Smt./Kumari.....
of..... College..... failed to pass in..... Examination
held in February/August, 20 ..

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

I also certify that his/her statement as to his/her having obtained at a previous examination marks sufficient to entitle him/her exemption from the subject/subjects, in accordance with Ordinance and Regulation of Gujarat University is correct.

Place :..... (Signature).....

(Seal)
Date :..... Dean, College.....

• To be struck off where it is not applicable.

Note : It is essential to attach certified Xerox Copies of :

- (1) All mark-sheets of H.S.C. or equivalent exam, First, Second, Final M.B.,B.S. Part I and Final M.B.,B.S. Part II Exam.
- (2) BLS certificate