

GUJARAT UNIVERSITY**DOCTOR OF MEDICINE : D.M.****FORM OF APPLICATION FOR APPEARANCE AT POST-GRADUATE MEDICAL
DEGREE EXAMINATION FOR FRESH/REPEATER CANDIDATES**

(Fees : Rs. 6,000/-)

FRESH/REPEATER

Branch Sub.

Degree	D.M. Br.
Institute	BJ / NHL

Br. I : Neurology, Br. II : Cardiology, Br. III : Nephrology, Br. IV : Medical Oncology,
Br. V : Medical Gastro-Enterology, Br. VI : Cardiac Anaesthesia, Br. VII : Onco-Pathology

JANUARY / JULY 20 EXAMINATION**N.B.—Forms submitted after the prescribed date will be rejected**

To,

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

Sir,

I request permission to be admitted at the ensuing examination for the degree of Doctor of Medicine (D.M.) in the branch 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 Last University Mark-sheet)
.....
- Male or Female.....
- Race & Religion.....
- Caste : SC, ST or SEBC, if applicable.....
- Date of passing Third M.B.,B.S. Examination 20 .
(Xerox copy of marks certificate to be attached.)
- Date of passing M.D. Examination 20 .
- Gujarat Medical Council Registration Number & date
- Joining date on admission to this P.G. Course as per P.G. Registration Certificate No. dated (Xerox copy to be attached.)
- Permanent residential address :
.....
.....Tele No.

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

- (a) Mark-sheet of M.D Exam. (b) M.D. Degree Certificate
(c) P.G Registration Certificate & (d) B.C.B.R. Completion Certificate
(e) Gujarat Medical Council Registration Certificate

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

- Address for communication in near future (if same as 9, keep blank).
.....

- B.C.B.R. Completion Certificate : Date..... (Xerox copy to be attached).

[P.T.O.]

12. Topic of Dissertation :.....

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

13. Details of Six terms of training :

Term	Under PG Teacher	From Date	To Date	Period Months	Post	Subject
I
II
III
IV
V
VI

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

- 14. (a) Poster presentation at conference
- (b) Paper presentation at conference
- (c) Research paper/article published

Date :.....

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 8, 11 & 12 in details and on comparison with original documents found them to be correct. I have verified that 6 terms are granted as per details in item 13. (6th term granting in subject to revision.)

It is recommended that the permission be granted.

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 respects : yes/no. (incomplete form must NOT be forwarded).

Certified that all information given by the candidate is correct; items 8, 11, 12 & 13 depict the correct situation. Six terms are granted/not granted. items 15, 16 & 17 are correctly shown. 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 and found correct as per college record.

Date :.....

Signature & Name

Director, PG Int./Dean Med. College

For University Office only :

- (a) Term fees paid :
- (c) Dissertation checked :
- (e) B.C.B.R. Completion Certificate.
- (b) Registration, Certificate checked :
- (d) Degree Certificate checked :
- (f) Complete / Incomplete :

Permission granted : Seat No.

Signature :

Permission refused : Reasons :

Sign. with date :