

GUJARAT UNIVERSITY

MASTER OF CHIRURGE

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

(Fees : Rs. 6000/-)

FRESH/REPEATER

Branch Sub.

Degree	M.Ch. Br.
Institute	BJ / NHL

Br. I : Neuro Surgery, Br. II : C.T. Surgery, Br. III : Urology, Br. IV : Plastic & Reconstructive Surgery, Br. V : Surgical Gastro-Enterology, Br. VI : Surgical Oncology, Br. VII : Padiatrics Surgery. Br. VIII : Gynecological Oncology.

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 Master of Chirurge 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 .
- Date of passing M.S. Examination 20 .
(Xerox copy of marks certificate to be attached.)
- 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.S. Exam. (b) M.S. 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
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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 : | (b) Registration, Certificate checked : |
| (c) Dissertation checked : | (d) Degree Certificate checked : |
| (e) B.C.B.R. Completion Certi. : | (f) Complete / Incomplete : |

Permission granted : Seat No.

Signature :

Permission refused : Reasons :

Sign. with date :