

**GUJARAT UNIVERSITY****MASTER OF SURGERY****EXAMINATION APPLICATION FORM FOR APPEARANCE AT POST-GRADUATE MEDICAL  
DEGREE EXAMINATION (FRESH/REPEATER CANDIDATES)****(Form Fees: Rs. 25/- + Exam Fees : Rs. 2,700) = Rs. 2,725/-****FOR FRESH CANDIDATES**

Branch ..... Sub. ....

**1<sup>st</sup> Year Admission Batch/Year of Candidate:** .....

Degree	M.S Br	
Institute		
Number of Trial		

Br. I : General Surgery, Br. II : Otorhinolaryngology, Br. III : Orthopaedics, Br. IV : Ophthalmology, Br. V :  
Obstetrics & Gynaecology**JANUARY/MAY 2025 EXAMINATION***N.B.*---Forms will not be accepted after the prescribed dateTo,  
The Registrar,  
Gujarat University, Ahmedabad- 380 009.Sir,  
I request your permission to appear at the ensuing examination for the degree of Master of Surgery in the  
branch mentioned above. I hereby remit the prescribed fees. My personal details are as under:

1. 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. Part-II Marksheet)

.....

2. Mother's Name.....

3. Gender.....Caste. ....Category. ....Birth date.....

4. Date of passing Final M.B.B.S. Part-II Examination ..... 20..... .

(Photo copy of marksheet to be attached.)

5. Date of convocation, admitting to M.B.B.S. Degree..... 20..... .

(Photo copy of degree certificate to be attached.)

6. Joining date to this P.G.. Course ..... as per P.G. Registration Certificate No.....

Dated..... (Photo copy to be attached.)

7. Name of PG Teacher .....

8. Permanent residential address:

.....

..... Mobile No. ....

9. Address for communication (if same as 8, keep blank).

.....

*Special Note :* ( 1 It is essential to attach Self attested Photo copies of :

- (a) Mark-sheet of Final M.B.B.S. Part-II Exam. (b) M.B.B.S. Final/Permanent Degree Certificate  
 (c) P.G. Registration Certificate (d) GMC Permanent Registration Certificate (e) PG  
 Orientation Programme attendance Certificate (f) B.C.B.R. Completion Certificate (g)  
 Research paper publication certificate/ Research paper Acceptance Letter OR Podium  
 presentation certificate OR Poster presentation certificate (h) DRP completion certificate (i)  
 Course in Ethics Completion (GCP/GLP) Certificate (j) BCLS Course Completion  
 Certificate (k) ACLS Course Completion Certificate ( 2 ) Please read the form and fill up  
 carefully, incomplete form will be rejected.

10. Title of Dissertation: .....

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**\* Total 5 copies of dissertation required:**

- One copy of Dissertation duly certified by the P.G. teacher and signed by Institute Head must accompany with this form.
- Note: Institute head/P.G. director has to submit /provide one copy of Dissertation to respective Department, One copy for office of Dean/P.G. Director, one copy to College Library and give one copy to student for dissertation viva during practical examination. Dissertation submitted/provided must be duly certified by the P.G. teacher and signed by Institute Head. This must be assured by college at the time of form submission.
- During Practical Exam Candidate has to keep one copy of Dissertation duly certified by the P.G. teacher and signed by Institute Head with himself/herself for his/her Dissertation viva.

**11. Any one of the following (from a, b, c)**

- (a) One research paper published/accepted for publication in journal of his/her speciality as first author  
Yes/No. ....
- (b) Podium presentation at a National/Zonal/State conference of his/her speciality: Date:.....
- (c) Poster presentation at a National/Zonal/State conference of his/her speciality Date:.....

12. B.C.B.R. Completion Certificate: Date:.....

13. PG Orientation Certificate duly attested by PG Teacher: Date:.....

14. DRP Completion certificate: Date: .....

15. Course in Ethics Completion (GCP/GLP) Certificate: Date:.....

16. BCLS Course Completion Certificate: Date:.....

17. ACLS Course Completion Certificate: Date:.....

I hereby declare that the details/ information given in this examination form are true and correct to the best of my knowledge and belief. If anything is found to be incorrect or false or misleading or untrue or misleading or misrepresenting, I understand that I shall be liable for below actions as may be decided by the Gujarat University/ College.

- (i) My examination result shall be cancelled & fees shall be forfeited.
- (ii) My council's MBBS Registration and MBBS Degree shall be terminated.
- (iii) I shall be prosecuted.
- (iv) I shall be liable for any legal action under Indian Penal Code (IPC) or any law prevailing in the country.

Date: .....

.....

*Signature of the applicant*

- (i) I certify that student has worked under me/ my unit during all terms (except maximum 6 months of rotation term & 3 months of DRP Training)
- (ii) I have verified all the above points including points 10, 11, 12, 13, 14, 15, 16 & 17 in details and after comparison with the original documents found them to be correct.
- (iii) I certify that the above information given by the candidate is correct to the best of my knowledge.

Date: .....

Signature.....

Name: .....

P.G. Teacher under whom registered

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

19. One copy of dissertation received: yes / no.

20. Form complete in all aspects: yes / no. (Incomplete form must NOT be forwarded).

I certify that all information given by the candidate is correct; specially points 10, 11, 12, 13, 14, 15, 16 & 17 depict the correct information.

I certify that ..... is eligible to appear in said 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.

Place :.....

Date : .....

.....

Signature & Name

PG Director/ Dean.....College

**College Seal**

**For University Office only :**

- |   |   |
|---|---|
| (a) Term fees paid :                                  | (b) PG Registration Certificate checked : |
| (c) Dissertation checked:                             | (d) Final Convocation checked:            |
| (e) PG Orientation Programme attendance Certificate   | (f) B.C.B.R. Completion Certificate:      |
| (g) DRP completion certificate:                       | (h) BCLS Course Completion Certificate    |
| (i) Course in Ethics Completion (GCP/GLP) Certificate | (j) ACLS Course Completion Certificate    |
| (k) Complete / Incomplete:                            | (l) GMC Permanent Registration            |

Permission granted:

Seat No.

Permission refused: Reasons:

Signature with date:

**FOR REPEATER CANDIDATES**

**To be filled in by the Dean/ PG Director**

I certify that ..... failed to pass the MS Examination in the subject of ..... held in ..... 20 ..

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

Place :.....

Date : .....

.....

Signature & Name

PG Director/ Dean.....College

**College Seal**

*Special Note:* It is essential to attach Self attested Photo copies of:

- (a) All mark sheets of MS (b) Repeater Enrolment Fee Receipt

**Note:- Bring hard copy of Dissertation duly certified by the P.G. teacher and signed by Institute Head at the time of practical examination.**