

# GUJARAT UNIVERSITY

## DOCTOR OF MEDICINE

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

**(Form Fees: Rs. 25/- + Exam Fees : Rs. 2,700) = Rs. 2,725/-**

#### **FOR FRESH CANDIDATES**

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

Degree	M.D. Br	
Institute		
Number of Attempt		

Br. I General Medicine, Br. II Pathology, Br. III Anatomy, Br. IV Pharmacology, Br. V Paediatrics, Br. VI Anesthesiology, Br. VII Community Medicine, Br. VIII Physiology, Br. IX Radiodiagnosis, Br. X Radiation Oncology, Br. XI Dermatology, Venerology & Leprosy, Br. XII Psychiatry, Br. XIII I. H. B. T., Br. XIV Respiratory Medicine, Br. XV Forensic Medicine. Br. XVI Microbiology, Br. XVII Biochemistry, Br. XVIII Emergency Medicine, Br. XIX - Palliative Medicine.

#### JANUARY/MAY 2025 EXAMINATION

*N.B.*---Forms will not be accepted after the prescribed date

To,

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

Sir,

I request your permission to appear at the ensuing examination for the degree of Doctor of Medicine 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 Mark sheet)

2. Mother's Name.....
3. Gender.....Caste..... Category..... Birth Date.....
4. Date of passing Final M.B.B.S. Part-II Examination..... 20.....
5. Date of convocation, admitting to M.B.B.S. Degree..... 20.....
6. Joining date..... as per P.G. Registration Certificate No. ....Dated .....
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. Degree Certificate
- (c) P.G. Registration Certificate (d) GMC 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: .....  
.....  
.....

**\* 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) Registration Certificate checked : |
| (c) Dissertation checked:                             | (d) 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:                            |                                        |

Permission granted:  
Permission refused: Reasons:

Seat No.  
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 MD (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.**