

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/-**

FRESH/REPEATER

Branch Sub.

| | | |
|-----------------|--------|--|
| Degree | M.S Br | |
| Institute | | |
| Number of Trial | | |

Br. I : General Surgery, Br. II : Otorhinolaryngology, Br. III : Orthopaedics, Br. IV : Ophthalmology, Br. V : Obstetrics & Gynecology

APRIL/OCTOBER 20..... 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 Master of Surgery 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 Final M.B.B.S. Part-II Marksheet)
.....
- Mother's Name.....
- Gender.....Caste.Category.Birth date.....
- Date of passing Final M.B.B.S. Part-II Examination 20 .
(Photo copy of marksheet to be attached.)
- Date of convocation, admitting to M.B.B.S. Degree..... 20 .
(Photo copy of degree certificate to be attached.)
- Joining date to this P.G.. Course as per P.G. Registration Certificate No.....
Dated..... (Photo copy to be attached.)
- Name of PG Teacher
- Permanent residential address :
.....
..... Mobile No.

Special Note : (1) It is essential to 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) B.C.B.R. Completion Certificate (e) GMC Registration Certificate
(f) Research paper publication/Research paper publication certificate/ Acceptance Letter (g) Oral paper presentation certificate (h) Poster presentation certificate (m) All marksheets of MS - for Repeater candidate. (n) Repeater Enrolment Fee Receipt (For Repeater Candidate)

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

[2]

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

.....

10. B.C.B.R. Completion Certificate: Date.....(Photo copy to be attached).

11. Title of Dissertation:

.....
.....

Six copies and two C.D.S. duly certified by the teacher must accompany this form.

12. (a) Research paper published. Yes/No.
(b) Oral paper presentation certificate: Date:.....
(c) Poster presentation certificate: Date:.....

All the information in this application is correct and I am fully aware that if any information is missing / Misleading / wrong / suppressed, my application will be rejected and appropriate action will be taken.

Date: 20

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)
(ii) I have verified all the items including items 10, 11 & 12 in details and on comparison with 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

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

14. Six copies of dissertation received: yes / no.

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

I certify that all information given by the candidate is correct; items 10, 11 & 12 depict the correct information. Six terms are granted / not granted. Items 14 & 15 are correctly shown. Permission to appear may be granted / not granted.

I certify that is eligible to appear inexamination 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.

Date :

Signature & Name

PG Director/ Dean College.....

For University Office only :

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

Permission granted : Seat No.

Permission refused : Reasons :

Signature with date :