

# 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/-**

FRESH/REPEATER

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.

### 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 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 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..... as per P.G. Registration Certificate No. ....Dated .....
- (Photo copy to be attached.)
7. Name of PG Teacher.....
8. Permanent residential address:  
.....  
..... Mobile No. ....

**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) 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 mark sheets of MD - for Repeater candidate.(n) Repeater Enrolment Fee Receipt (For Repeater Candidate)

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

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 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.

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 :