

**GENERAL HOSPITAL, MEHSANA**

(જિલ્લા રોગી કલ્યાણ સમિતિ અંતર્ગતની PM-JAY યોજના હેઠળ તજજ્ઞ વર્ગ-૧ નિમાણુક )

**APPLICATION FORM**

**For :- Medical Services/ Public Health Department.**

1. Post Applied for : \_\_\_\_\_
2. Name of Candidate : \_\_\_\_\_  
& Address \_\_\_\_\_  
**(in BLOCK LETTERS)** \_\_\_\_\_
- Telephone No. with code : (Phone) \_\_\_\_\_ (Mobile) \_\_\_\_\_
- e-mail I.D. : \_\_\_\_\_
3. Category : SC  ST  SEBC  GENERAL
4. Date of Birth : \_\_ \_\_ 19\_\_ Age:- \_\_\_\_ Year \_\_\_\_ Month \_\_\_\_
5. Sex : Male / Female
6. Present Job : \_\_\_\_\_
7. Whether CCC+ Exam Passed ? Yes / No
8. **Educational Qualification :**

Sr. No.	Examination	Year of Passing	University	Total Marks	Percentage	Attempt	For Office use (Score)	
1	FINAL MBBS part II only						%	
2	MD/MS Diploma							

**9. Details of Experience :**

Sr. No.	Post Held	Name of Institution	Dates		Total Period		For Office use (Score)
			From	To	Yrs	Mths	
1							
2							
3							
4							
5							

10. Details of Gujarat Medical Council Registration :

U.G. Registration No:\_\_\_\_\_ Registration Date\_\_\_\_\_

P.G. Registration No:\_\_\_\_\_ Registration Date \_\_\_\_\_

11.  With Private Practice  Without Private Practice.

12. Check List of Enclosures (attested photocopies- in following order)

Attested photocopies in following order	please tick(✓)	Attested photocopies in following order	please tick(✓)
(1) FINAL MBBS Mark Sheet.		(7) Degree / Diploma Certificate	
(2) FINAL MBBS Attempt Certificate.		(8) Exp. Certificate	
(3) P.G. MARKS SHEET		(9) Caste Certificate	
(4) P.G. Attempt Certificate.		(10) Non Creamy Layer Certificate (For SEBC Candidate applicable only to domicile of Gujarat)	
(5) MBBS; GMC Registration Certificate		(11) Birth Date Certificate: School – Leaving Certificate.	
(6) MS/MD/Diploma-GMC Registration Certificate.			

### **Undertaking**

I declare that information stated above are true to the best of my knowledge. If above information is found to be false, I am bound to obey the decision of Ad-hoc selection committee.

Place : Mehsana .

Date : / /2023

**Signature of Applicant**