## FORM OF APPLICATION FOR ADMISSION INTO THE POST DOCTORAL (D.M. and M.Ch.) DEGREE COURSES IN GAUHATI MEDICAL COLLEGE, GUWAHATI SESSION 2013

Photograph (Attested)

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3. Date of birth d d					n	n 1	n j	y	у							
4.	4. Age on 1 <sup>st</sup> January of the year of advertisemen						ement			d	d r	n n	n y	у		
5.	5. Whether Citizen of India Yes No 6. Sex M F															
7.	7. Caste G. Lag Lag Long Lyong Long															
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8.	Rel	igion														
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11. Reservation:									)							
a. Whether any reservation is claimed for the relaxation of age																
b. If yes, category of Reservation SC ST C						OBC	M	OBC	Othe	ers						
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12. Educational qualification																
MBBS Vear of passing																
	Year of passing Number of attempts															
	Institution													_		
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	Percentage of Marks					Second MBBS							1	00	-5410	•

Final MBBS

Rotatory Internship

Date of completion

Institution/University

M.D./M.S.

Year of passing

Number of attempts

Institution

University

13. Whether teaching in Medical College of the State

Yes No

If yes, name of the College, Designation and Department

Name of College	 Date of joining after
	regularization
Designation	
Department	

14. Whether working in any other hospital

Name of the hospital	Date of joining
Designation	

15. Whether undergoing any post <u>Doctoral Degree courses</u> in any other Institution

- \* If yes, give details of course and Institution where studying
- \* If no, undertaking to be submitted in this regard

I hereby declare that all the information given in this application form is true. I understand that the decision of the selection committee regarding my selection for the Post Doctoral Degree Course (DM/M Ch in ......) is final and I shall abide by the decisions.

Date

Signature of the applicant

Place

## **Enclosures:**

Please ensure that the following are enclosed with the application form:

- 1. Two recent passport size colour photographs, one to be attested by Gazzetted Officer and pasted in the space provided, and one unattested photograph to be enclosed in a separate envelope.
  - (Both the photographs must be identical. The photograph should not have cap & should be of high contrast)
- 2. Proof of age (Admit card of H.S.L.C. or equivalent exam.)
- 3. Proof of Residence(Permanent Residency Certificate)
- 4. Caste certificate, whether applicable
- 5. Medical Council Registration Certificate.
- 6. MBBS & MS/MD pass certificate from University concerned
- 7. Experience certificate/Academic activities
- 8. Mark sheets and pass certificates of all the M.B.B.S. examinations (attested by Gazzetted officer)

**Note:** Use separate Application Forms if applying for more than one course.