

**GUJARAT MEDICAL EDUCATION AND RESEARCH SOCIETY**

“O” Block, 4<sup>th</sup> Floor, Civil Hospital Campus,  
Opp. Pathikashram Hotel, Gandhinagar- 382016

**ADMISSION IN SECOND YEAR OF M.B.B.S. COURSE 2016-17**

Applications in the prescribed form are invited from the eligible and interested candidate for admission in 2<sup>nd</sup> year MBBS by way of transfer to GMERS Medical College Sola-Ahmedabad and Gotri-Vadodara from other Medical Colleges/University as per MCI rules and regulation

Application form is available on our web site [www.gmers.gujarat.gov.in](http://www.gmers.gujarat.gov.in) and [www.gmersmchsola.com](http://www.gmersmchsola.com)

Application should be submitted to this on or before Dt.:10/10/16 along with process fee Rs. 15,000/- by D.D. in favour of “Gujarat Medical Education and Research Society” payable at Gandhinagar..

Note: Those who have applied earlier should also apply again.

Dt: 5/10/2016

No.9/2016

Chairman

ગુજરાત મેડીકલ એજ્યુકેશન એન્ડ રીસર્ચ સોસાયટી

“ઓ” બ્લોક, ૪થો માળ, સીવીલ હોસ્પિટલ કેમ્પસ,

પથીકાશ્રમ હોટલ સામે, ગાંધીનગર – ૩૮૨૦૧૬  
એમ.બી.બી.એસ. ના દ્વિતિય વર્ષ માટે ૨૦૧૬-૧૭ પ્રવેશ  
અંગે.

મેડીકલ કાઉન્સિલ ઓફ ઈન્ડિયા ના કોલેજ  
તબદીલી અંગેના નિયમોનુસાર લાયકાત ધરાવતા તથા  
ઇચ્છુક વિદ્યાર્થીઓ પાસેથી જીએમઈઆરએસ મેડીકલ  
કોલેજ સોલા-અમદાવાદ તથા ગોત્રી-વડોદરા માં તબદીલ  
થવા માટે નિયત પત્રકમાં અરજી મંગાવવામાં આવે છે.

અરજી પત્રક અમારી વેબ-સાઈટ

[www.gmers.gujarat.gov.in](http://www.gmers.gujarat.gov.in) તથા

[www.gmersmcsola.com](http://www.gmersmcsola.com) ઉપર ઉપલબ્ધ છે .

વિદ્યાર્થીએ “ગુજરાત મેડીકલ એજ્યુકેશન એન્ડ રીસર્ચ  
સોસાયટી” પેચેબલ એટ ગાંધીનગર ના નામે રૂ.  
૧૫,૦૦૦/- પ્રોસેસીંગ ફી સાથે અરજી પત્રક આ કચેરીને  
તા:૧૦/૧૦/૧૬ સુધીમાં મળી જાય તે રીતે મોકલી  
આપવાનું રહેશે.

નોંધ: જે વિદ્યાર્થીઓએ આ બાબતે અગાઉ અરજી કરેલ હશે  
તેણે પણ ફરીથી અરજી કરવાની રહેશે.

તા:૫/૧૦/૧૬ ચેરમેન

# Gujarat Medical Education and Research Society

(An Organization of Govt. of Gujarat)  
"O" Block, 4<sup>th</sup> Floor, New OPD Building, Civil Hospital,  
Gandhinagar 382016

## Application Form

Admission in 2<sup>nd</sup> Year MBBS (By Transfer of College)  
Academic Year 2016 -2017

Paste self  
Attested  
Recent  
Passport Size  
Photograph

### APPLICANT'S DETAILS

1. Full Name: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)
2. Father's Name: - \_\_\_\_\_  
(Surname) (First Name) (Middle Name)
3. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Telephone No with Area Code: \_\_\_\_\_
5. Mobile : \_\_\_\_\_
6. E-mail Address (**Mandatory**) \_\_\_\_\_
7. Sex : Male/Female
8. (a) Date of Birth : \_\_\_\_\_  
(Date) (Month) (Year)
9. Nationality (Applicant) : \_\_\_\_\_
10. Details of present college :  
(a) Name of College : \_\_\_\_\_  
(b) Address of College : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(c) Name of University : \_\_\_\_\_  
(d) Address of University : \_\_\_\_\_  
\_\_\_\_\_

**11.** Details of 10<sup>th</sup> Std. Examination passed by student :

(a) Month & Year of Passing : \_\_\_\_\_

(b) Examination Seat No. : \_\_\_\_\_

(c) Marks obtained out of : \_\_\_\_\_ / \_\_\_\_\_

(d) Attempt : \_\_\_\_\_

**12.** Details of 12<sup>th</sup> Std. Examination passed by student:

(a) Month & Year of Passing : \_\_\_\_\_

(b) Examination Seat No. : \_\_\_\_\_

(c) Marks obtained out of : \_\_\_\_\_ / \_\_\_\_\_

(d) Attempt : \_\_\_\_\_

- Details of 1<sup>st</sup> Year MBBS Examination passed by student:
 

(a) Name of the College : \_\_\_\_\_ University \_\_\_\_\_

(b) Month & Year of Passing : \_\_\_\_\_

(c) Examination Seat No. : \_\_\_\_\_

(d) Marks obtained out of : \_\_\_\_\_

Sr.	Subject	Theory (External)		Practical (External)		Total (External)	
		Obtained	Out of	Obtained	Out of	Obtained	Out of
1	ANATOMY						
2	PHYSIOLOGY						
3	BIOCHEMISTRY						
<b>TOTAL</b>							

(e) Number of attempts : \_\_\_\_\_

**13.** Preference of college for transfer to: (1,2 etc)

(i) GMERS Medical College, Sola-Ahmedabad [ ]

(ii) GMERS Medical College, Gotri-Vadodara [ ]

**14. List of Attached documents (Self Attested)**

- |   |                          |
|---|--------------------------|
| 1) School Leaving Certificate / Birth Certificate   | <input type="checkbox"/> |
| 2) NOC from present College   | <input type="checkbox"/> |
| 3) NOC from present University  | <input type="checkbox"/> |
| 4) NOC from GMERS Medical College (as applicable)   | <input type="checkbox"/> |
| (i) Sola-Ahmedabad  | <input type="checkbox"/> |
| (ii) Gotri-Vadodara   | <input type="checkbox"/> |
| 5) NOC from University (as applicable)  | <input type="checkbox"/> |
| (i) Gujarat University Ahmedabad  | <input type="checkbox"/> |
| (ii) MS University, Baroda  | <input type="checkbox"/> |
| 6) Certificate mentioning that present college is recognized college                            | <input type="checkbox"/> |
| 7) Certificate of college mentioning attachment to the University                               | <input type="checkbox"/> |
| 8) Mark Sheet of std.10 <sup>th</sup> (SSC Examination) or Equivalent Examination               | <input type="checkbox"/> |
| 9) Attempt certificate for 10 <sup>th</sup> (SSC Examination)                                   | <input type="checkbox"/> |
| 10) Mark Sheet of std.12 <sup>th</sup> (HSC Examination) or Equivalent Examination              | <input type="checkbox"/> |
| 11) Attempt certificate for 12 <sup>th</sup> (HSC Examination)                                  | <input type="checkbox"/> |
| 12) Mark Sheet of 1 <sup>st</sup> MBBS  | <input type="checkbox"/> |
| 13) Attempt certificate for 1 <sup>st</sup> MBBS  | <input type="checkbox"/> |
| 14) Draft of Processing Fee of Rs. 10,000/- in name of <b>"GMERS"</b><br>payable at Gandhinagar | <input type="checkbox"/> |
| Amount Rs. ....D.D. No. ....  |                          |
| Name of Bank :- .....   |                          |
| Name of Branch :- .....   |                          |
| Date of Issue :- .....  | <input type="checkbox"/> |

**(Application without above mentioned documents will be treated as not eligible application)**

## **ADDRESS FOR SUBMISSION OF APPLICATION**

**Office of:  
Gujarat Medical Education & Research Society,  
"0" Block- New OPD Building, Civil Hospital,  
Gandhinagar-382016**

**I solemnly declare that I have personally checked and verified all the information filled in this form and that they are correct and that no relevant information of fact is suppressed or omitted.**

**I undertake to abide by the decision / order of the Dean/Principal to cancel my admission and/or to expel me from the college and/or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of admission or at any time during the course of my study.**

**I hereby agree, if admitted, to conform to the Rules and Regulations of the Medical College in force and that may hereafter be made for the governance of the college and undertake that so long as I am a student of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good name.**

**Date:**

**Place:**

**Signature of the  
Father/Guardian**

**Signature of the  
Student**