

**APPLICATION FORM COUNSELING OF THE VACANT PG MEDICAL SEATS OF
GMERS MEDICAL COLLEGE, SOLA, AHMEDABAD**

Applying Course: MD/MS/ DIPLOMA

NEET-2020 Roll No.:

NEET 2020 Rank:

NEET Percentile:

NEET Score:

Recent
Passport Size
photograph of
Candidate

Candidate Name:

(as NEET marksheet)

Mother's Name:

Father's Name:

Category:

SC

ST

SEBC

EWS

OPEN

Gender:

Male

Female

Date of Birth:

dd/mm/year

Birth Place:

Place:

Taluka:

District:

State:

Country:

Citizenship:

INDIAN

OTHER

Address for
correspondence:

Mobile No.:

Alternate Mobile No.:

E-mail:

Passing College:

University:

State & Country:

Passing Month & year:

Internship Started Date:

dd/mm/year

Internship Completion Date:

dd/mm/year

Total Month of Internship Completed:

Provisional or Permanent Registration No.:

State:

Payment
Details:

In favor of:

Dean GMERS
Medical
College, Sola,
Ahmedabad.

Payable at:

AHMEDABAD, GUJARAT

Amount:

Rs. 2000.00

DD No.:

Date:

dd/mm/year

Bank & Branch:

Attach self-attested photocopy of following documents:

1. All MBBS marksheets
2. 12 months internship completion certificate
3. NEET-PG-2020 Marksheet
4. Provisional/Permanent Registration of State Medical Council OR Medical Council of India
5. Document showing place of birth & Date of Birth & Indian Citizenship (School leaving Certificate/ Transfer Certificate/ Passport/ Birth Certificate)
6. *For SEBC, ST and SC Category:* Cast certificate issued by Competent Authorities of **Gujarat State only**
7. *For SEBC Category:* Non-creamy layer certificate (Parishistha '4' in Gujarati/English) issued by Competent Authorities of **Gujarat State only**
8. *For EWS (Economically Weaker Sections) Category:* EWS certificate issued by Competent Authorities of **Gujarat State only**
9. Copy of Passport - if Citizenship is Dual/ Foreign

IMPORTANT NOTE

The candidates have to submit the filled Application form along with self-attested photocopy of documents as mentioned above and Demand Draft of Rs. 2000/- in favor of '**Dean GMERS Medical College, Sola, Ahmedabad**' payable at Ahmedabad, Gujarat at Office of the Dean, GMERS Medical College, Sola, Ahmedabad, between 10.00 am to 11.30 am on 31.07.2020.

DECLARATION OF THE CANDIDATE

I hereby declare that the particulars furnished in the application form are correct to the best of my knowledge and understanding. I have verified my eligibility to apply against the category to which I am entitled. In case of incomplete information, I understand that my candidature is likely to be cancelled and in case any information furnished in the form is found to be incorrect or false, at any stage, my candidature/ admission shall be cancelled. I further declare that I shall abide by the provisions of the act and the rules made there under of any directions/ instructions of the admission committee.

UNDERTAKING

I am also aware that ragging is an offence, I shall not indulge in any such activity and if I am found guilty, I shall be liable for punishment as per the law in force.

Signature of Parents/Guardian

Signature of Candidate

Date:

dd/mm/year

Place: