

7. Information regarding STATUS :

(Enter the code No. in the square)

- | | |
|--|---|
| (1) Graduate from Maharaja Krishnakumarsinhji, Bhavnagar University, Bhavnagar, under rule 4.1 | 1 |
| (2) Graduate from Maharaja Krishnakumarsinhji, Bhavnagar University, under rule 4.2 | 2 |
| (3) Graduate from other University of Gujarat State under rule 4.3 | 3 |
| (4) Graduate from University outside state Gujarat State, within India | 4 |
| (5) Graduate of | 5 |

8. Category for which applied

(Enter the code No. in the square)

- 1) Open Merit (General)
- 2) Scheduled Caste (SC)
- 3) Scheduled Tribe (ST)
- 4) Socially and Economically Backward Community (SEBC)
(Not included in creamy layer)
- 5) Physically handicapped (PH)
- 6) In service Medical Officer.**

(*) Eligible to apply only after obtaining Provisional Eligibility certificate from

Maharaja Krishnakumarsinhji, Bhavnagar University, Bhavnagar.

** Medical Officers must submit NOC from Department of Health and Family Welfare Government of Gujarat.

9. NEET SCORE:

10. ALL INDIA RANK:

| | Date | Month | Year |
|--|----------------------|----------------------|----------------------|
| 13. Date of passing final M.B.B.S. examination | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 14. Internship completed on | <input type="text"/> | <input type="text"/> | <input type="text"/> |

15. Have you applied for P.G. course before anywhere?
 If yes name of the Institute and University

1.....
 2.....
 3.....
 4.....

16. Medical council Registration no. : _____

17. Detail of present Employment :

- (a) Designation
- (b) Place of working
- (c) Date of joined
 (NOC/ Relieving order from present employer to be submitted)

Signature of student.....
 Name of student:
 Cell no.
 Email ID.....

Place:
 Date :

Please attached following documents

1. All MBBS attempt-wise Marksheets
2. 12 months internship completion certificate
3. Copy of NEET-PG-2021 Marksheet
4. Provisional Registration of State Medical Council OR Medical Council of India OR 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: Caste certificate issued by Competent Authorities of Gujarat State only.
7. For SEBC Category: Non-creamy layer certificate (Parishista '4' in Gujarati/English) issued by Competent Authorities of Gujarat State only as per Govt. norms issued after Dt. 01/04/2019.
8. For EWS (Economically Weaker Sections) Category: EWS certificate issued by Competent Authorities of Gujarat State only issued after Dt. 01/04/2019
9. Copy of Passport - if Citizenship is Dual/ Foreign.
10. Photocopy of Disability certificate issued by competent authority (if applicable).
11. Any other document as per requirement

Govt. Medical College, Bhavnagar-364001 (Gujarat)

Undertaking by the applicant for P.G. course (MS/MD/ Diploma)

- 1) I Dr.....
If any of the statement made in the application form or any information/document supplied by me in connection with my application for admission is later on found to be false or incorrect or misleading or if It is found that I have concealed any information/fact in connection with my application, my admission shall be cancelled without any notice thereof, fees forfeited and I may be expelled and prosecuted.
- 2) I Dr.....hereby declare that I have not taken admission or registered for any P.G. Course (Degree) in any institute in last 3 years. Come in last two years (Diploma-2 years)
- 3) I am aware that the permitted seats are subjected to approval from Medical Council Of India. For which Institute or University will not be held responsible.
- 4) Post graduate admission process will be as per the directive of Honorable Court of India MCI, DGHS Government of Gujarat.
- 5) Minimum eligibility NEET score will be as per the prevailing state admission criteria.

Date:

Place:

Signature of Applicant

Name :.....

Address:.....

.....

Mobile:

E mail id:

In presence of Witness

Name :..... **Sign:**.....**Date:**.....

Cell no : **Address:**.....

