

# SARADAR PATEL INSTITUTE OF MEDICAL SCIENCE AND RESURACH

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## **APPLICATION FORM FOR THE POST OF MEDICAL OFFICER**

FORM NEED TO BE FILLED IN CAPITAL LETTER ONLY

FOR OFFICE USE ONLY

Application No :

Post Applied For:

1. Name in full \_\_\_\_\_

Father's/ Husband's Name: \_\_\_\_\_

Mother's Name : \_\_\_\_\_

2. Present Address: \_\_\_\_\_

\_\_\_\_\_ Mobile No: \_\_\_\_\_

Permanent address: \_\_\_\_\_

\_\_\_\_\_ Tel No: \_\_\_\_\_

3. Age (in years):  Date of Birth:  Place Of Birth: \_\_\_\_\_

4. Email id: \_\_\_\_\_ PAN NO \_\_\_\_\_.

5. Full particulars of qualifications acquired commencing from /Diploma/Degree/ Master Degree/  
(Please mention about the successfully completed Course only)

Name of Exam /Degree	School/ College / University	Year of Passing	Class/Division	Rank / %	Trial
FINAL MBBS PART I					
FINAL MBBS PART II					
OTHER, IF ANY					

(A) Any professional/ other training taken detail with duration and name of institute:

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6. Computer Knowledge:

Course Name	University/Center	Class/Division	Year of Passing	Rank /%

7. When can you join if offered an appointment?

8. Details of the previous appointment and working experience:

Name of institution & Department	Designation	Type of Work	From DD/MM/YY	To DD/MM/YY	Total Experience in Years & months

9. Physiology Details:

Religion		Nationality	
Marital Status			
Disability of permanent nature or chronic illness, if Any			

10. Please name two references who are not your relative and who can certify about your Work and conduct:

(1).	(2).
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11. Any other relevant Information:

I solemnly declare that the particulars furnished in this application are true and correct. I clearly understand that any misstatement of fact contained herein or willful concealment of any material fact will render me liable to appropriate action as may be decided by AMC. I accept all the terms & conditions mention in the advertisement issued by sardar patel institute of medical science and resurch, Ahmedabad.

Place:

Date :

Signature :

N.B. (1) Candidates should furnish with this application true copies of all the certificate, testimonials of education qualification from S.S.C. Onwards and experience & computer etc., duly certified by Gazetted Officers.

(2) Application with incomplete information will not be accepted.

(3) The application should be in the candidate's own handwriting.

# ENCLOSURES

Sr. No.	Documents	Page no.
1	Proof of Birth (Birth certificate or school leavening certificate)	
2	MBBS PART I & II Mark sheet Degree (including mark sheet of failure)	
3	Mark sheet & Degree Certificate of any additional Qualification (including mark sheet of failure)	
4	Degree Certificate	
5	PG Degree Certificate – if available	
6	Experience Certificate	
7	Computer Certificate	
8	Indian medical council registration Certificate	
9	Any other documents (mention)	
10	Copy of Pan card	