

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

**SUBJECT:**

Photograph  
(Attested)

*(To be filled up in the candidate's own handwriting in blue or black ball point pen)*

1. Name of the Candidate (in block capital letters)

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2. Father's/Guardian's Name

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3. Date of birth

d	d	m	m	y	y

4. Age on 1<sup>st</sup> January of the year of advertisement

d	d	m	m	y	y

5. Whether Citizen of India 

Yes	No

 6. Sex 

M	F

7. Caste

Gen	SC	ST	OBC	MOBC	Others

8. Religion 

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9. Medical Council Registration

Number	State

10. (a) Permanent Address (in block letters)


(b) Present Postal Address (in case different from permanent address)


Tel.																								
E-mail																								

11. Reservation :

a. Whether any reservation is claimed for the relaxation of age

Yes	No

b. If yes, category of Reservation

SC	ST	OBC	MOBC	Others

12. Educational qualification

**MBBS**

Year of passing							
Number of attempts							
Institution							
University							
Percentage of Marks	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">First MBBS</th><th style="width: 50%;">Aggregate</th> </tr> <tr> <td style="border-bottom: none;">Second MBBS</td><td style="border-bottom: none;"></td> </tr> <tr> <td>Final MBBS</td><td></td> </tr> </table>	First MBBS	Aggregate	Second MBBS		Final MBBS	
First MBBS	Aggregate						
Second MBBS							
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
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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 Doctoral Degree courses in any other Institution

Yes	No
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\* 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  
Place

**Signature of the applicant**

Enclosures:

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

- Two recent passport size colour photographs, one to be attested by Gazetted 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)
- Proof of age (Admit card of H.S.L.C. or equivalent exam.)
- Proof of Residence(Permanent Residency Certificate)
- Caste certificate, whether applicable
- Medical Council Registration Certificate.
- MBBS & MS/MD pass certificate from University concerned
- Experience certificate/Academic activities
- Mark sheets and pass certificates of all the M.B.B.S. examinations (attested by Gazetted officer)

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