

**Dr. M. K. Shah Medical College and Research Centre,
Smt. S.M.S. Multi-Speciality Hospital**

Address: Near Tapovan Circle, Visat-Gandhinagar Highway,
Chandkheda, Ahmedabad-382424, Ph-079-39820000 / 39820208.

APPLICATION FORM- Faculty/Resident

Affix your recent
Passport Size
Photograph

- Date Of Appearance in Last MCI – UG/PG/ Other Assessment: Date : ___/___/_____,
- On Which Designation : _____, Retired from Govt. : Yes/ No
- In Which College _____
- Name of Present/ Last Working Institute: _____
- Date of Relieving / Joining of Last/ Present Institute : ___/___/_____

1. Post Applied for: _____, in Subject of : _____

2. Name of Candidate: _____

3. Address (As Per ID Proof , Specify The ID) :

Pin Code : _____

Contact No. (Mobile) _____ / _____, Landline No : _____

Email (IN Capital Letters) : _____

4. Category : SC / ST / SEBC / GENERAL

5. Date of Birth: _____, Age: _____ (Completed years)

6. Sex: _____, Marital Status : _____, Blood Group : _____

7. PAN No: _____, Aadhar Card No: _____

8. Time Required For Joining : _____, Expected Salary : _____

9. Educational Qualifications:

Sr. No.	Course / Examinations	Passing Month & Year	University	Total Marks	Percentage	Attempt	For Office Use
1	MBBS / BDS						
2	MD/MS/ DNB / MDS/CPS						
3	PG Diploma						
4	DM/MCH						
5	M.Sc. (Medical)						
6	PhD (Medical)						

10. Details of Teaching Experience (Attach Separate Sheet if required) :

Sr. No.	Post Held	Institute	Date		Total Experience		For Office Use
			From	To	Years	Months	
1							
2							
3							
4							
5							
6							
Total Teaching Experience							

11. Details of research publications (Attach Separate Sheet in given Format)

Sr. No.	Title of Articles (Attach list separately)	Journal Name	Date of Publication / Acceptance	Type Of Journal (State/ National/ International)	Type Of Journal (Print/ Online/ Both)	Whether Journal is Indexed? (Yes/No)	Type of Authorship (1 st / 2 nd / Corresponding / Other)
1							

12. Details of Medical Council Registration:

- Registration No. (With Date): UG _____ (___/___/___) PG : _____ (___/___/___)

13. References with Contact No. :

Sr. No.	Name	Designation / Institute / Organization	Contact No.	Email
1				
2				

14. List of Enclosures: (Tick mark attached one)

S No	Document	Tick	S No	Document	Tick
1	Final MBBS / BDS Mark Sheet		8	Caste Certificate (Applicable to only domicile of Gujarat)	
2	MD/MS/DNB/MDS/CPS/DM/MCH Mark sheet		9	Birth Certificate/ School Leaving Certificate/ SSC Certificate	
3	MBBS / BDS Degree Certificate		10	Research Publications (with a proof of indexation if applicable)	
4	MD/ MS / DNB / MDS/ CPS/DM/MCH Degree Certificate		11	Photo ID Proof (Aadhar Card & PAN)	
5	MBBS / BDS Registration Certificate		12	Previous Year Form-16 / 26AS. (if Applicable issued by IT department)	
6	MD / MS/ DNB / MDS/CPS/ DM/MCH Registration Certificate		13	Marriage Registration Certificate (for Married Women if applicable)	
7	All Teaching Experience Certificates				

UNDERTAKING

I, _____ (name) declare that information provided above are true to the best of my knowledge, if above information is found to be false/wrong, I am bound to obey the decision of selection committee.

Place:

Date:

Name & Signature of Applicant