



# BHAGYODAY MEDICAL COLLEGE

Kadi-Kalyanpura Road, Nani Kadi, Kadi, Mehsana.

☎: 7486029209 ✉: deanoffice.bmc@gmail.com

## APPLICATION FORM

1. Post Applied for: \_\_\_\_\_, in Subject of: \_\_\_\_\_

2. Name of Candidate: \_\_\_\_\_

3. Address: \_\_\_\_\_

Contact No.(M) \_\_\_\_\_, Email: \_\_\_\_\_

4. Gender: \_\_\_\_\_ Category: SC / ST / SEBC /EWS/ GENERAL

5. Date of Birth: \_\_\_\_\_, Age: \_\_\_\_\_ years, \_\_\_\_\_ Months

Affix  
Passport Size  
Photo

6. Educational Qualifications:

Sr. No.	Course / Examinations	Passing Year	University	Total Marks	Percentage	Attempt	For Office Use
1	MBBS						
2	MD/MS/DNB						
3	Others						

7. Details of Teaching Experience:

Sr. No.	Teaching Post Held	Name of Institute	Dates		Total Experience		For Office Use
			From	To	Years	Months	
1							
2							
3							
4							
5							
6							
7							
8							
9							
<b>Total Teaching Experience</b>							

8. Details of Research Publications:

Sr. No.	State/ National/ International Journals	No. of Papers Published	Year of Publication	Journal Name	Whether Journal is Indexed? (Yes/No)	Name of Articles (Attach list separately)	For Office Use
1							
2							
3							
4							

9. Details of Medical Council Registration:

Particulars	U.G.	P.G
Registration No.		
Date of Registration		
Name of Council		

10. References with Contact No.:

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

11. List of Enclosures: (Tick mark attach done)

- Birth certificate /School Leaving Certificate
- Aadhar Card
- Pan Card
- Final MBBS Mark Sheet
- Final MBBS Attempt Certificate
- Internship Completion certification
- P. G. Mark Sheet
- P. G. Attempt Certificate
- Gujarat Medical Council Registration Certificate (UG/PG)
- Degree Certificate (UG/PG)
- Teaching Experience Certificate
- BCBR Certificate
- BCME Certificate
- Research Publications (with a proof of indexation)
- Previous Year Form-16
- Caste Certificate (Applicable to only domicile of Gujarat)

**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 be the decision of selection committee.

Place:

Date:

Signature of Applicant