GCS Medical College, Hospital and Research Centre

Opp. DRM Office, Nr. Chamunda Bridge, Naroda Road,
Ahmedabad-380016.
Ph:(079) 66048000 Fax No. 079-22201915
www.gcsmc.org Email.: deangcsmc@gmail.com

APPLICATION FOR FACULTIES, SR & JR

AFFIX PASSPORT SIZE PHOTO

1. Post Applied for : _____
2. Department : _____
3. Name of Candidate : _____
4. Address : _____

   _____
5. Mobile No : _____ (email ID:-) _____
6. Local Contact Address: _____

   _____
7. Date of Birth : / /19 Age : _____yrs Sex : M/F _____
8. Present Job : _____
9. **Education Qualification** :

Sr. No	Examination	Year of Passing	University	Total Marks	%	Attempt
1	MBBS					
2	MD/MS					
3	DNB/DM/ M.Ch					
4	DIPLOMA					

10. **Details of Teaching Experience** :

Sr. No	Teaching Post held	Name of Institution	Date		Total Period	
			From	To	Year	Month
1	JR					
2	SR					
3	TUTOR					
4	ASSISTANT PROFESSOR					
5	ASSOCIATE PROFESSOR					
6	PROFESSOR					

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11. Details of Research Papers Publications / Presentation :

Published	No. of Paper Published	Year of Publication	Name of Journal	Whether Journal is an Indexed Journal (Yes/No)	Name of Article
National Journal					
Internatio nal Journal					

12. **Details of latest MCI Inspection attended** :

a. DD/MM/Year : _____

b. Institute : _____ (MCI Code:)

c. Designation : _____(MCI Code :)

d. Department : _____(MCI Code :)

13. BCBR Training (Yes / No) **Month & Year :-** _____

14. Name of Two Reference (with Phone No.)

1) _____

2) _____

15. List of Enclosures (attested Copies – in following order)

(1) Final MBBS Mark Sheet
(2) MBBS Attempt Certificate
(3) P.G. Mark Sheet
(4) P.G. Attempt Certificate
(5) MBBS/P.G – Registration Certificate
(6) MBBS/P.G. – Degree Certificate
(7) Pan Card
(8) Teaching Exp. Certificate
(9) Internship Completion Certificate
(10) School Leaving Certi. / Birth Certi
(11) Research Publication
(12) NOC / Relieving Order
(13) Aadhar Card
(14) BCBR & BCME Certificate

Undertaking :

I declare that information stated above are true to the best my knowledge. If above information is found to be false; I am bound to obey the decision of selection committee.

Place:

Date : **Signature of Applicant**