

**Admission Committee for Professional Post-Graduate Medical Courses
(ACPPGMC)**

Government of Gujarat

Office: GMERS Medical College, Gandhinagar- 382016

Website: www.pgmedgujarat.org email: pgmedgujarat@gmail.com Mobile: 9099074536

APPLICATION FORM

Applying Course:	MD/MS/ DIPLOMA <input type="checkbox"/>	MDS <input type="checkbox"/>	
NEET Testing ID:	<input type="text"/>		Recent Passport Size photograph of Candidate
All India Overall Rank:	<input type="text"/>		
Candidate Name: <i>(as NEET mark-sheet)</i>	<input type="text"/>		
Mother Name:	<input type="text"/>		
Father Name:	<input type="text"/>		
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth: <input type="text" value="dd/mm/year"/>
Birth Place:	Place: <input type="text"/>	Taluka: <input type="text"/>	
	District: <input type="text"/>	State: <input type="text"/>	
	Country: <input type="text"/>		
Citizenship:	INDIAN <input type="checkbox"/>	OTHER <input type="checkbox"/>	
Address for correspondence:	<input type="text"/>		
Mobile No.:	<input type="text"/>	Alternate Mobile No.:	<input type="text"/>
E-mail:	<input type="text"/>		
Passing College:	<input type="text"/>		
University:	<input type="text"/>		
State & Country:	<input type="text"/>		
Passing Month & year:	<input type="text"/>		
Internship Started Date:	<input type="text" value="dd/mm/year"/>	Internship Completion Date:	<input type="text" value="dd/mm/year"/>
Total Month of Internship Completed:	<input type="text"/>		
Provisional or Permanent Registration No.:	<input type="text"/>	State:	<input type="text"/>
Payment Details:	In favor of: ACPPGMC	Payable at: GANDHINAGAR, GUJARAT	
	Amount: Rs. 2000.00	DD No.:	<input type="text"/>
	Date: dd/mm/year	Bank & Branch:	<input type="text"/>

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Attach self-attested photocopy of following documents:

1. All Year MBBS/BDS Marksheet
2. COPY OF NEET-PG-2017 Marksheet
3. School Leaving Certificate
4. 12 months' internship completion certificate
5. Provisional / Permanent Registration of Gujarat Medical Council / Gujarat Dental Council OR Medical Council of India

IMPORTANT NOTE

After complete filling of form, submit it with self-attested photocopy of required documents to the office of the ACPPGMC **on or before 22nd May 2017** by **Speed Post only**. The application received after 22nd May 2017, by any means will not be considered for admission in any circumstances.

Postal Address: Admission Committee for Professional Post-Graduate Medical Courses (ACPPGMC), GMERS Medical College, Civil Hospital Campus, Sector-12, Gandhinagar – 382016, Gujarat, India

DECLARATION OF THE CANDIDATE

I hereby declare that the particulars furnished in the application form are correct to the best of my knowledge and understanding. I have verified my eligibility to apply against the category to which I am entitled. In case of incomplete information, I understand that my candidature is likely to be cancelled and in case any information furnished in the form is found to be incorrect or false, at any stage, my candidature/ admission shall be cancelled. I further declare that I shall abide by the provisions of the act and the rules made there under of any directions/ instructions of the admission committee.

UNDERTAKING

I am also aware that:

1. Ragging is an offence, I shall not indulge in any such activity and if I am found guilty, I shall be liable for punishment as per the law in force.

Signature of Parents/Guardian

Signature of Candidate

Date:

dd/mm/year

Place: