# (1) <u>APPLICATION FORM FOR INTERNSHIP POSTING</u>

To,	
The Dean,	
B. J. Medical College, Ahmedabad.	
Annieuanau.	
	1 Third
Sir,	has passed Third
Sir, Shir/Kum/Smt/ M.B.B.S. examination held by Gujarat University. He/She has hereby	applied for the prescribed
M.B.B.S. examination held by Gujarat Chiversay	
Compulsory rotating internship. The relevant partition	
Name (fill in 'BLOCK' letters beginning with surface	
Shir/Kum/Smt/	
Date of Birth Place of Birth	
Date of Birth Place of Birth Caste Sub-Cast	
CasteSub-Cast Full Present address	
Full Present address	
Ph No Resi. Ph. No Out of Marks	e Dorgantage
Ph No Resi. Ph. No Out of Marks Out of Marks Admission to first term in B. J.	& Percentage
Ph NoOut of MarksOut of MarksAdmission to first term in B. J.  E-Mail I-DMonth & Year	Medical College, Allicuation
E-Mail I-D	
E-Mail I-D Admission to first term in Date Month & Year Merit No Category Merit No Category No licel College to B. J. Medical College, Ahmeda	
Cotegory	had
If transferred from other Medical Conege to	Term
If transferred from other Medical College to B. J. Medical College, Anneua  Name of College  Amount of the Bond given at the time of admission Rs.	
Amount of the Bond given at the time of admission Rs	
Amount of the Bond given at the time of admission Rs	
(In Words)	
Name & Address	
(2)	
(2) Res. No	
<ol> <li>I will not join in any kind of strike during</li> <li>I will not go Abroad without permission of Government during inter</li> </ol>	nship.
2) I will not go Abroad without per mission of Co	•
3) I will give the M.C.Q. test conducted by the College.	
Candida	te
Parents /Gaurdians	Signature
Signature	- 0

Appeared in the III <sup>rd</sup>	M.B.B.S. (Part-II) examination of Gujarat University in the Month	Year
from the Ahmedabad	Centre, declared successful and place in class.	

#### • MARKS OBTAINED AT VARIOUS EXAMINATIONS:

							Passed		
Exam		Anatomy	Physiology	Biochemistry		Total	Month/year	Attempt	
	Max								
Ist	Marks								
M.B.B.S.	Marks								
	Obtained								
		Pathalogy	Microbiology	Pharmacology	Forensic				
		Pathology	Witerobiology	Pharmacology	Medicine		1		
11 <sup>nd</sup>	Max								
M.B.B.S.	Marks								
	Marks								
	Obtained								
rd		E.N.T.	Ophthalmology	Community Medicine					
III <sup>rd</sup>	Max		,						
M.B.B.S.	Marks								
(Part-I)	Marks								
	Obtained								
		Medicine	Surgery	Obs. & Gyn.	Community				
III <sup>rd</sup>		Medicine	Surgery	Obs. & Gym	Medicine				
M.B.B.S.	Max			1					
(Part-II)	Marks								
(1 41 (-11)	Marks								
	Obtained		11						

Copies of the mark sheet obtained at the various examinations are attached.

### RECORD OF CLINICAL POSTING (II & III CLINICAL):-

Date (dd/mm/yyyy) From To		Subject	Name of Teacher
From	To	<b>J</b>	
		,	
	7		

I declare that I have attended the above clinical posting regularly.

Signature of Candidate

#### NAME OF CENTRE:-

#### Choice of Centre:-

Quarter	Subject						
First							
Second			,				
Third		-					
Fourth							

Choice of PHC/CHC (	Centre:- (you wa	nt to serve after	internship)
Choice of PHC/CHC (	Centre:- (you wa	nt to serve after	mternsmp

1.

2.

3.

Signature of the Candidate

## From the following list take any one subject for Internship:

- 1. Dermatology and Sexually transmitted diseases
- 2. Psychiatry
- 3. Turbeculosis & Respratory diseases
- 4. Radio diagnosis
- 5. Physical Medicine and rehabitation
- 6. Forensic Medicine and toxicology
- 7. Blood bank and transfusion Department

I understand that No	Change will be given	to me after the issu	e of official posting	order.
Place :-	· .			,
	<b>.</b>			Signature of Candidate
	INTERNSHI	P POSTING (FOR	OFFICE USE ON	LY)
Merit No.: Male/Female:			Marks Obtained Attempts:	· 
Quarter		Sı	ubject	
First				
Second		r		
Third		,		
Fourth	\$ 510 \$ 5	<i>i</i>		

Signature of the Officer

-	-	<b>-</b> \	
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Name of Intern		
Roll No. E-Mail ID	<u>.</u>	
Intern's Mo. No.	<u>.</u>	
Name of Bank	<u></u>	
Bank Account No.	<del>.</del>	
IFSC CODE No.	ll India 🔲 Gujara	nt Board 🗌 .
Pan Card No.		
Aadhar Card No.		
Permanent Address (with pin code)		i
		<u>.</u>
Re. Address (with pin code)		
	,	
Obtained Percentage	Trial/ Adm	issio Passing
- 1 Obtained Percelliage	T 7 700-	41 0

	Total Marks	Obtained Marks	Percentage	Trial/ Attempt	Admissio n Month & year	Passing Month & year
				, h		
$10^{th}$						
12 <sup>th</sup>		2				
NEET		,	-			
1 <sup>st</sup> MBBS		,				
2 <sup>nd</sup> MBBS		i i				
3 <sup>rd</sup> MBBS						
Part-I				7.6		
3 <sup>rd</sup> MBBS			2			
Part-II						

<u>દરેક વિદ્યાર્થીએ ઉપરોક્ત વિગતો ચોકસાઇ પૂર્વક ભરવી. ખોટી વિગત ભરવા બદલ જેતે</u> ઇન્ટર્નડૉ.ની જવાબદારી રહેશે.

Intern's Signature

દરેક ઇન્ટર્ન ડૉકટરે નીચે મુજબની માહિતી સંપુર્ણ ભરવાની રફેશે.

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	0.									Trial	No.of
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મો.નંબર:-

વિદ્યાર્થીની સફી.