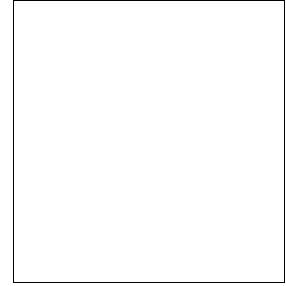


(1)

APPLICATION FORM FOR INTERNSHIP POSTING

To,
The Dean,
B. J. Medical College,
Ahmedabad.



Sir,

Shir/Kum/Smt/_____ has passed Third M.B.B.S. examination held by Gujarat University. He/She has hereby applied for the prescribed Compulsory rotating internship. The relevant particulars are given below.

Name (fill in 'BLOCK' letters beginning with surname.)

Shir/Kum/Smt/_____

Date of Birth _____ Place of Birth _____

Caste _____ Sub-Cast _____

Full Present address _____

Ph No. _____ Resi. Ph. No. _____

3rd MBBS Part-II Obtained Marks _____ Out of Marks _____ & Percentage _____

E-Mail I-D _____ Admission to first term in B. J. Medical College, Ahmedabad

Date _____ Month & Year _____

Category _____ Merit No _____ / _____

If transferred from other Medical College to B. J. Medical College, Ahmedabad

Name of College _____ Date of Transfer _____ Term _____

Amount of the Bond given at the time of admission Rs. _____

(In Words) _____

Name & Address of Sureties (1) _____

(2) _____

Mobile No _____ Res. No. _____

1) I will not join in any kind of strike during internship.

2) I will not go Abroad without permission of Government during internship.

3) I will give the M.C.Q. test conducted by the College.

Parents /Gaurdians _____

Signature

Candidate _____

Signature

(2)

Appeared in the IIIrd 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:**

Exam		Anatomy	Physiology	Biochemistry	---	Total	Passed	
							Month/year	Attempt
I st M.B.B.S.	Max Marks							
	Marks Obtained							
II nd M.B.B.S.		Pathology	Microbiology	Pharmacology	Forensic Medicine			
	Max Marks							
	Marks Obtained							
III rd M.B.B.S. (Part-I)		E.N.T.	Ophthalmology	Community Medicine	---			
	Max Marks							
	Marks Obtained							
III rd M.B.B.S. (Part-II)		Medicine	Surgery	Obs. & Gyn.	Community Medicine			
	Max Marks							
	Marks Obtained							

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

(3)

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

Date (dd/mm/yyyy)		Subject	Name of Teacher
From	To		

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

Signature of Candidate

(4)

NAME OF CENTRE:-

Choice of Centre:-

Quarter	Subject			
First				
Second				
Third				
Fourth				

Choice of PHC/CHC Centre:- (you want to serve after internship)

- 1.**
- 2.**
- 3.**

Signature of the Candidate

(5)

From the following list take any one subject for Internship:

1. Dermatology and Sexually transmitted diseases
2. Psychiatry
3. Tuberculosis & Respiratory diseases
4. Radio diagnosis
5. Physical Medicine and rehabilitation
6. Forensic Medicine and toxicology
7. Blood bank and transfusion Department

I understand that No Change will be given to me after the issue of official posting order.

Place :- _____

Signature of Candidate

INTERNSHIP POSTING (FOR OFFICE USE ONLY)

Merit No.: _____

Marks Obtained: _____

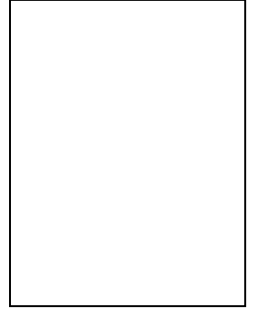
Male/Female: _____

Attempts: _____

Quarter	Subject			
First				
Second				
Third				
Fourth				

Signature of the Officer

(6)



Name of Intern _____

Roll No. _____ **E-Mail ID** _____.

Intern's Mo. No. _____ / _____.

Name of Bank _____.

Bank Account No. _____.

IFSC CODE No. _____.

Pan Card No. _____ **All India** **Gujarat Board** .

Aadhar Card No. _____.

Permanent Address (with pin code) _____.

Re. Address (with pin code) _____.

	Total Marks	Obtained Marks	Percentage	Trial/ Attempt	Admission Month & year	Passing Month & year
10th						
12th						
NEET				-----		
1st MBBS						
2nd MBBS					-----	
3rd MBBS					-----	
Part-I						
3rd MBBS					-----	
Part-II						

દરક વિદ્યાથાએ ઉપરોક્ત વિગતો ચોકસાઈ પૂવક ભરવી. ખોટા વિગત ભરવા બદલ જતે ઇન્ટર્નડો.ની જવાબદારા રહશે.

Intern's Signature