



## AMC Medical Education Trust

Dr. Ramanbhai Patel Bhavan, Usmanpura, Ahmedabad – 380 013

**Affix your  
latest Passport  
size  
Photograph  
duly self  
attested**

### **APPLICATION FORM**

Application No.  Post Applied For:

1. Name in full \_\_\_\_\_

Father's /Husband's Name \_\_\_\_\_

2. Present Address \_\_\_\_\_

\_\_\_\_\_ Mobile No.: \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

3. Age (in years)  Date of Birth  Place of Birth \_\_\_\_\_

4. Category Applied for (OPEN / SC / ST / SEBC):  
(Endorse certificate from competent authority.)

5. Full particulars of General and Technical qualifications acquired commencing from S.S.C./H.S.C./MBBS/BDS/PG or equivalent examination. (Please mention about the successfully completed courses only.)

Name of Exam. Degree or Course	School/College/ University	Year of Passing	Class/ Division	Principal subjects offered	Merit/ rank & % of Marks

(a) Any professional/other training taken detail with duration and name of institute:

\_\_\_\_\_

\_\_\_\_\_

---

---

6. Details of membership of any professional/academic Institute.

---

---

7. Expected starting total salary including allowances: Rs. \_\_\_\_\_ (per Annum)

8. When can you join if offered an appointment? \_\_\_\_\_

9. Details of the previous appointment / teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator					
Registrar/ Sr.Residency / Resident					
Assistant Professor/Reader					
Associate Professor					
Professor					

10. No. of Research publication in Journals: (attach separate sheet of details)  
International: \_\_\_\_\_ National: \_\_\_\_\_ State/Other: \_\_\_\_\_

11. Are you having service agreement/Bond with your present employer?   
If yes, please mention period etc. and give details separately.

12. Have you been abroad?   
If yes, please mention countries visited with purpose & duration.

13. Languages known

Mother tongue \_\_\_\_\_

Language	Speak	Read	Write

14. Physiology Details:

Height	Cms	Weight		Sex	
Religion		Nationality		Domicile	
Marital Status		No. of Children			
Disability of permanent nature or chronic illness, if Any					
Identification marks					
Wearing Glasses? If yes please mention Number & Duration.					

15. Please name two references who are not your relative and who can certify about your work and conduct.

(1)	(2)
-----	-----

16. Any other relevant Information

I solemnly declare that the particulars furnished in this application are true and correct. I clearly understand that any misstatement of fact contained herein or willful concealment of any material fact will render me liable to appropriate action as may be decided by AMC MET.

Place:

Date :

Signature .....

- N.B.** (1) Candidate should furnish with this application true copies of all the certificates, testimonials of education qualification from S.S.C. onwards and experience etc. duly certified by Gazetted Officer.  
(2) Application with incomplete information will not be accepted.  
(3) The application should be in the candidate's own handwriting.

- (4) A candidate who is employed elsewhere should forward the application through his/her employer and should attach a certificate from the employer that he/she has been permitted to apply for the post in question, otherwise the application will not be considered.

## ENCLOSURES

Sr. No.	Documents	Submitted
1	Proof of Birth Date	Yes / No
2	Caste Certificate	Yes / No
3	1 <sup>st</sup> MBBS /BDS Mark Sheet[including mark sheet of failure]	Yes / No
4	2 <sup>nd</sup> MBBS/BDS Mark Sheet[including mark sheet of failure]	Yes / No
5	3 <sup>rd</sup> MBBS/BDS Mark Sheet [including mark sheet of failure]	Yes / No
6	MBBS/BDS Attempt Certificate	Yes / No
7	MBBS/BDS Degree Certificate	Yes / No
8	PG Degree Certificate	Yes / No
9	PG Attempt Certificate	Yes / No
10	Letter from head of institute regarding recognized degree	Yes / No
11	Copies of Registration of MBBS/BDS and PG Degree	Yes / No
12	Teaching Experience Certificate	Yes / No
13	Copies of Publications	Yes / No
14	Copy of PAN Card	Yes / No

**Signature of Applicant**