



## 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./Diploma/Degree 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.

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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 and working experience.

Name of Institution & Department	Designation	Type of Work	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months

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

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

12. Languages known

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

Language	Speak	Read	Write

13. 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.					

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

(1)	(2)
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15. 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

<b>Sr. No.</b>	<b>Documents</b>	<b>Submitted</b>
1	Proof of Birth Date	Yes / No
2	Caste Certificate	Yes / No
3	S.S.C.& H.S.C. Mark Sheet[including mark sheet of failure]	Yes / No
4	Degree/ Diploma Mark Sheet[including mark sheet of failure]	Yes / No
5	Mark Sheet & Degree Certificate of Any Additional Qualification [including mark sheet of failure]	Yes / No
6	Attempt Certificate	Yes / No
7	Degree Certificate	Yes / No
8	PG Degree Certificate	Yes / No
9	PG Attempt Certificate	Yes / No
10	Copies of Registration	Yes / No
11	Experience Certificate	Yes / No
12	Copy of PAN Card	Yes / No

**Signature of Applicant**