



GCS MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTER

Opp DRM Office, Naroda Road, Ahmedabad - 380025

Phone: 66048000, Fax: 22201915, Web site : www.gcsmc.org

Application Form

Admission in 2nd Year MBBS (By Transfer of College)

Academic Year 2016 -2017

Paste self
Attested
Recent
Passport Size
Photograph

APPLICANT'S DETAILS

1. Full Name: _____
(Surname) (First Name) (Middle Name)
2. Father's Name: - _____
(Surname) (First Name) (Middle Name)
3. Permanent Address: _____

4. Telephone No with Area Code: _____
5. Mobile : _____
6. E-mail Address : _____
7. Sex : Male/Female
8. (a) Date of Birth: _____
(Date) (Month) (Year)
9. Nationality (Applicant) : _____
10. Details of present college : _____
 - (a) Name of College : _____
 - (b) Address of College : _____

 - (c) Name of University : _____
 - (d) Address of University : _____

11. Details of 10th Std. Examination

passed by student : _____
(a) Month & Year of Passing : _____
(b) Examination Seat No. : _____
(c) Marks obtained out of : _____ / _____
(d) Attempt : _____

12. Details of 12th Std. Examination

passed by student:
(a) Month & Year of Passing : _____
(b) Examination Seat No. : _____
(c) Marks obtained out of : _____ / _____
(d) Attempt : _____

13. Details of 1st Year MBBS Examination passed by student:

(a) Name of the College : _____
(b) Name of University : _____
(c) Month & Year of Passing : _____
(d) Examination Seat No. : _____
(e) Marks obtained / out of : _____ / _____

Sr.	Subject	Theory (External)		Practical (External)		Total (External)	
		Obtained	Out of	Obtained	Out of	Obtained	Out of
1	ANATOMY						
2	PHYSIOLOGY						
3	BIOCHEMISTRY						
TOTAL							

(f) Number of attempts : _____

14. List of Attached documents (Self Attested)

- 1) School Leaving Certificate / Birth Certificate
- 2) NOC from present College
- 3) NOC from present University
- 4) NOC from GCS Medical College, Ahmedabad
- 5) NOC from Gujarat University, Ahmedabad
- 6) Certificate mentioning that present college is MCI recognized college
- 7) Certificate of college mentioning affiliation to the University
- 8) Mark Sheet of std.10th(SSC Examination) or Equivalent Examination
- 9) Attempt certificate for 10th (SSC Examination)
- 10) Mark Sheet of std.12th (HSC Examination) or Equivalent Examination
- 11) Attempt certificate for 12th (HSC Examination)
- 12) Mark Sheet of 1st MBBS
- 13) Attempt certificate for 1st MBBS
- 14) Demand Draft of Rs.15,000/- for Processing Fees in favour of
"GCS Medical College" [Payable at Ahmedabad.]**

D.D. No. Date of Issue :-

Name of Bank :-

Name of Branch :-

(Application without above mentioned documents will be treated as not eligible application.)

ADDRESS FOR SUBMISSION OF APPLICATION

**Dean
GCS MEDICAL COLLEGE
Opp DRM Office, Naroda Road,
Ahmedabad - 380025**

I solemnly declare that I have personally checked and verified all the information filled in this form and that they are correct and that no relevant information of fact is suppressed or omitted.

I undertake to abide by the decision / order of the Dean/Principal to cancel my admission and/or to expel me from the college and/or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of admission or at any time during the course of my study.

I hereby agree, if admitted,

- a) To conform to the Rules and Regulations of the Medical College in force and that may hereafter be made for the governance of the college;
- b) To pay the tuition fees and other fees as decided by college authorities; &
- c) Undertake that so long as I am a student of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good name.

Date:

Place:

Signature of the
Father/Guardian

Signature of the
Student