

**1) Form Print**

**2) Detail Print**

**3) D.D. of Rs.750/- (Demand Draft) In Favour of "Registrar, Gujarat Medical Council" Payable at Ahmedabad.**

**4) [DATE OF BIRTH EVIDENCE] School Leaving Certificate OR Birth Certificate (Original + Xerox)**

**5) M.B.B.S Part 1 and Part 2 MARKSHEET (Original + Xerox)**

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