



# GCS Medical College, Hospital and Research Centre

Opp. DRM Office, Nr. Chamunda Bridge, Naroda Road,  
Ahmedabad-380025.

Ph:(079) 66048000 Fax No. 079-22201915

[www.gcsmc.org](http://www.gcsmc.org) Email.: deangcsmc@gmail.com

## APPLICATION FOR FACULTY

AFFIX  
PASSPORT  
SIZE  
PHOTO

1. Post Applied for : \_\_\_\_\_
2. Name of Candidate : \_\_\_\_\_
3. Address : \_\_\_\_\_  
\_\_\_\_\_
4. Telephone No : (Phone) \_\_\_\_\_ (Mobile) \_\_\_\_\_
5. Local Contact Address: \_\_\_\_\_  
\_\_\_\_\_
6. Date of Birth : / /19 Age : \_\_\_\_\_yrs Sex : M/F \_\_\_\_\_
7. Present Job : \_\_\_\_\_
8. Education Qualification :

Sr. No	Examination	Year of Passing	University	Total Marks	%	Attempt
1	MBBS					
2	MD/MS					
3	DNB/DM/ M.Ch					
4	DIPLOMA					

9. Details of Teaching Experience :

Sr. No	Teaching Post held	Name of Institution	Date		Total Period	
			From	To	Year	Month
1	JR					
2	SR					
3	TUTOR					
4	ASSISTANT PROFESSOR					
5	ASSOCIATE PROFESSOR					
6	PROFESSOR					



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## 10. Details of Research Papers Publications / Presentation :

Published	No. of Paper Published	Year of Publication	Name of Journal	Whether Journal is an Indexed Journal (Yes/No)	Name of Article
National Journal					
International Journal					

## 11. Details of latest MCI Inspection attended :

- a. DD/MM/Year : \_\_\_\_\_
- b. Institute : \_\_\_\_\_ (MCI Code: )
- c. Designation : \_\_\_\_\_ (MCI Code: )
- d. Department : \_\_\_\_\_ (MCI Code: )

## 12. Name of Two Reference (with Phone No.)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

## 13. List of Enclosures (attested Copies – in following order)

- |                                       |  |
|---------------------------------------|--|
| (1) Adhar Card                        | (8) Teaching Exp. Certificate            |
| (2) MBBS Attempt Certificate          | (9) Internship Completion Certificate    |
| (3) P.G. Attempt Certificate          | (10) School Leaving Certi. / Birth Certi |
| (4) M.B.B.S. Registration Certificate | (11) Research Publication                |
| (5) P.G – Registration Certificate    | (12) NOC / Relieving Order               |
| (6) MBBS/P.G. – Degree Certificate    |  |
| (7) Pan Card                          |  |

## Undertaking :

I declare that information stated above are true to the best my knowledge. If above information is found to be false; I am bound to obey the decision of selection committee.

**Place:**

**Date :**

**Signature of Applicant**