



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 Email.: deangcsmc@gmail.com

Advertisement for faculties in various subjects

Applications are invited for the following posts in prescribed format (available on website) on or before 09.04.2022 with copies of supportive documents.

1. Professor :- Ophthalmology and Dentistry
2. Associate Professor :- Ophthalmology, Forensic Medicine, Emergency Medicine, Radio Diagnosis
3. Assistant Professor :- Radio Diagnosis, Otorhinolaryngology, Emergency Medicine & Dentistry

➤ Application send via email:- dean@gcsmc.org or submit to college admin office physically.



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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) Aadhar 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