



Government Medical College, Bhavnagar

Near S.T. Stand, Jail Road,
Bhavnagar – 364002 (Gujarat – India)

Tel : (0278) : 2422011 / 2430808 / 2431855 Fax : (0278) 2422011



સત્યમેવ જયતે
Government of Gujarat

APPLICATION FORM FOR INTERNSHIP POSTING

To,
The Dean,
Government Medical College,
Bhavnagar

Paste Recent
Passport size
photograph

Sir,

Shir/Kum/Smt/_____ has passed Third M.B.B.S.

examination held by Shri Krishnakumar Sinhji Bhavnagar University. He/She has hereby apply for the prescribed Compulsory rotating internship. The relevant particulars are given below.

Name (in fill beginning with surname & in block letters.)

Shir/Kum/Smt/_____

Date of Birth _____ Place of Birth _____

Caste _____ Sub-Cast _____

Full present address _____

_____ Mobile No. _____ Resi. Ph. No. _____

Email Id : _____

BANK ACCOUNT DETAILS

Name of Account holder _____

Branch Name and Address _____

S.B.I. Account number _____ Bank IFSC Code _____

Admission to first term in Government Medical College, Bhavnagar

Date _____ Month & Year _____

Category _____ Merit No _____

If transferred from other Medical College to Government Medical College, Bhavnagar

Name of College : _____

Date of Transfer : _____ Term : _____

Amount of the Bond given at the time of admission Rs. _____

(In Words) _____

Name & Address of Surety :

(1) _____

(2) _____

Mobile No on Intern Doctor: _____ Res. No. _____

- 1) I will not go in any kinds of strike during internship.
- 2) I will not go Abroad without any permission of Government during internship.
- 3) I will fill up 60 sADR forms under guidance from Pharmacology department during my internship posting. I will submit 10 duly filled up sADR forms / through ADR mobile app every two months.

Parents /Guardians _____

Signature

Candidate _____

Signature

Appeared in the IIIrd M.B.B.S.(Part-II) examination of Shri Maharaja Krishnakumar Sinhji Bhavnagar University in the Month of _____ Year _____ from the Bhavnagar Centre, declared successful and place in _____ class.

• **MARKS OBTAINED AT VARIOUS EXAMINATIONS:**

Exam		Anatomy	Physiology	Biochemistry	---	Total	Passed	
							Month/year	Attempt
I st M.B.B.S.	Max Marks							
	Marks Obtained							
II nd M.B.B.S.	Max Marks	Pathology	Microbiology	Pharmacology	Forensic Medicine			
	Marks Obtained							
III rd M.B.B.S. (Part-I)	Max Marks	E.N.T.	Ophthalmology	Community Medicine	---			
	Marks Obtained							
III rd M.B.B.S. (Part-II)	Max Marks	Medicine	Surgery	Obs. & Gyn.	-			
	Marks Obtained							

From the following list take any one subject for Internship:

1. Dermatology and Sexually transmitted diseases
2. Psychiatry
3. Tuberculosis & Respiratory diseases
4. Radio diagnosis
5. Physical Medicine and rehabilitation
6. Forensic Medicine and toxicology
7. Blood bank and transfusion Department

I understand that No Change will be given to me after the issue of Official posting Order.

Place : _____

Signature of Candidate

INTERNSHIP POSTING (FOR OFFICE USE ONLY)

Marit No.: _____

Male/Female: _____

Marks Obtained: _____

Attempts: _____

Quarter	Subject			
First				
Second				
Third				
Fourth				

Signature of the Officer

NAME OF CENTRE:-

Choice of Centre:-

Quarter	Subject			
First				
Second				
Third				
Fourth				

Signature of the Candidate

Enclosed-

- (1) All MBBS Marksheet (Self attested copy)
- (2) Hostel N.O.C. (Self attested copy)
- (3) Library N.O.C. (Self attested copy)
- (4) Original N.O.C. Respective Superintendent / Dean (If internship place is out of Bhavnagar)
- (5) Copy of Student's S.B.I. Account passbook / cancel check
- (6) ₹ 50 receipt (paid in MCDS) for Certificate of Gujarat Medical Council registration.