



Gujarat Adani Institute of Medical Sciences

G K General Hospital, Bhuj - 370001. KUTCH.
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Web site: www.gaims.ac.in

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Application Form

Admission in 2nd Year MBBS (By Transfer of College)
Academic Year 2017 - 2018

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 (**Mandatory**) : _____
7. Gender : Male / Female
8. 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 : _____ University _____
(b) Month & Year of Passing: _____
(c) Examination Seat No. : _____
(d) Marks obtained out of : _____

Sr. No.	Subject	Theory (External)		Practical (External)		Total (External)	
		Obtained	Out of	Obtained	Out of	Obtained	Out of
1.	Anatomy						
2.	Physiology						
3.	Biochemistry						
Total							

(e) Number of attempts : _____

14. List of Attached documents (Self Attested)

- | | |
|--|--------------------------|
| 1) School Leaving Certificate / Birth Certificate | <input type="checkbox"/> |
| 2) NOC from present College | <input type="checkbox"/> |
| 3) NOC from present University | <input type="checkbox"/> |
| 4) NOC from Gujarat Adani Institute of Medical Sciences | <input type="checkbox"/> |
| 5) NOC from Krantiguru Shyamji Krishna Verma University, Bhuj | <input type="checkbox"/> |
| 6) Certificate mentioning that present college is recognized college | <input type="checkbox"/> |
| 7) Certificate of college mentioning attachment to the University | <input type="checkbox"/> |
| 8) Mark Sheet of std.10 th (SSC Examination)/Equivalent Examination | <input type="checkbox"/> |
| 9) Attempt certificate for 10th (SSC Examination) | <input type="checkbox"/> |
| 10) Mark Sheet of std.12th(HSC Examination)/Equivalent Examination | <input type="checkbox"/> |
| 11) Attempt certificate for 12th (HSC Examination) | <input type="checkbox"/> |
| 12) Mark Sheet of 1st MBBS | <input type="checkbox"/> |
| 13) Attempt certificate for 1st MBBS | <input type="checkbox"/> |
| 14) Draft of Processing Fee of Rs. 15,000/- by DD in name of | <input type="checkbox"/> |

"Gujarat Adani Institute of Medical Sciences, Bhuj"

Amount Rs.....D.D. No.

Name of Bank:.....

Name of Branch:.....

Date of Issue:.....

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

ADDRESS FOR SUBMISSION OF APPLICATION

Office of
Gujarat Adani Institute of Medical Sciences (GAIMS)
G K General Hospital, Opp. Lotus Colony,
Bhuj - 370001. KUTCH.

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, 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 and 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:

Signature of the

Signature of the Student

Place:

Father/Guardian