



GUJARAT MEDICAL EDUCATION AND RESEARCH SOCIETY
Medical College Sola-Ahmedabad

NO.EST/SR/APT/A-6/ ⁹³⁴² /2026

Dt:-07/07/2026

Interview for the Posts of Senior Resident Dt.14/07/2026 Tuesday

Candidates Invited for the Posts of Senior Resident in various departments of GMERS Medical College, Sola, Ahmedabad should fill in the hard copy of the prescribed sample Application Form posted on the website with complete details along with supporting evidence of the necessary certificates as mentioned in the FORM.

The application, along with the attached documents, should be submitted in person to the Dean's Office at GMERS Medical College, Sola, Ahmedabad, during the period Dt:-08/07/2026 , Dt.09/07/2026 & Dt.10/07/2026 from 11:00 AM to 5:00 PM

Interview Venue:- Dean's Office, GMERS Medical College, Sola, Ahmedabad

Interview Time:-11:00 AM

No	Department	Senior Resident
1	Anatomy	4
2	Physiology	4
3	Bio-Chemistry	4
4	Pharmacology	3
5	Forensic Medicine	4
6	Community Medicine	1
7	Anaesthesia	1
8	Orthopaedics	1
9	Radiology	1
8	Emergency Medicine	2
	Total	25

Note:- Candidates with academic qualifications in Emergency Medicine will be selected on priority basis for the Emergency Medicine Department.

Dean
GMERS Medical College,
Sola, Ahmadabad.



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NO.EST/SR/APT/A-6/⁹³⁴³ /2026

Dt.07/07/2026

Senior Resident Interview Notification Date:14/07/2026

You are requested to note the following instructions regarding filling up the vacant posts of Senior Resident at GMERS Medical College, Sola, Ahmedabad.

- (1) Dt.08/07/2026, Dt.09/07/2026, & Dt.10/07/2026 from 11:00 AM to 5:00 PM Candidates whose applications for Senior Resident are received till 10/07/2026 05:00 P.M. will be interviewed on Dt.14/07/2026 Tuesday.
- (2) The Senior Resident serving on the Senior Resident post will be relieved of duty if appointment from the CEO GMER Society Gandhinagar office for Senior Resident post given.
- (3) The contracts of Senior Residents whose One-Year contracts have expired will not be renewed.
- (4) Applications with incomplete documents will not be accepted.
- (5) The posts of Senior Resident will be filled as per the latest guidelines/instructions of NMC.
- (6) On the day of interview, candidates will have to bring all the necessary original certificates, it is mandatory to bring the registration certificate of Gujarat Medical Council, Ahmedabad.
- (7) **Research Publication(S) with proof of indexation for each published article for eligibility.**
- (8) **Research Publication(S) for merit marks counting.**
- (9) Applicants should read the instructions carefully before applying as per the above.

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APPLICATION FORM
(Interview Dt. 14/07/2026 Tuesday)

Passport
Size Photo

1. Post Applied for :- **Senior Resident Department**.....
2. Name of Candidate :-
& Address
- (IN BLOCK LETTERS)
- Telephone No. With code :- (Phone)..... (Mo.).....
- Local Contact Address :-
- Email-Id :-
3. Category: SC -..... ST -..... SEBC -..... Others -.....
4. Date of Birth: - 19.... Age: -..... YrsMonth.....Days
(As on Interview Date:14/07/2026)
5. Sex: M / F :-
6. Present Job :-
7. **Educational Qualification :-**

Sr. No.	Examination	Year of Passing	University	Total Marks out of	Percentage	Attempt
1	Third MBBS-II					
2	MD/MS/DNB					

8. Details of Teaching Experience (Senior Resident):-

Sr. No.	Teaching Post Held (Senior Resident)	Name of Institution	Dates		Total Period	
			From	To	Years	Month
1						
2						
3						

(P.T.O)



GUJARAT MEDICAL EDUCATION AND RESEARCH SOCIETY
Medical College Sola-Ahmedabad

9. Details of Research papers publications with proof of indexation/Presentation:-

National/International	No. Of Paper Published	Year of Publication	Name of Journal	Whether Journal is an Indexed Journal (Yes/No)	Name of Article
1	2	3	4	5	6

10. Details of Gujarat Medical Council Ahmedabad Registration :- (Compulsory)

Registration No. U. G. -..... P. G. -.....

Date of Registration U. G. -..... P. G. -.....

Name of Council U. G. -..... P. G. -.....

11. Name of two referees (With Phone No.)

1.

2.

12. List of Enclosures (Attested copies - in following order)

- | | |
|---------------------------------------|---|
| (1) School-Leaving Certificate | (2) Cast Certificate |
| (3) ALL Year MBBS /BDS Mark Sheet. | (4) Internship Completion Certificate. |
| (5) MBBS/BDS Attempt Certificate. | (6) MBBS/BDS Degree Certificate |
| (7) MBBS/BDS Provisional Certificate | (8) MBBS/BDS: GMC Registration Cert. |
| (9) MD/MS/MDS Mark Sheet. | (10) MD/MS/MDS Attempt Certificate. |
| (11) MD/MS/MDS Degree Certificate | (12) MD/MS/MDS Provisional Certificate |
| (13) MD/MS/MDS GMC Registration Cert. | (14) Aadhar Card |
| (15) Passport Size Photo | (16) Pan Card |
| (17) FMG Mark Sheet | (18) Research Publication(S) with proof of indexation. |

Undertaking

I declare that information stated above is true to the best of my knowledge. If above information found to be False; I am bound to obey the decision of Selection Committee.

Place: -.....

Date: -.....

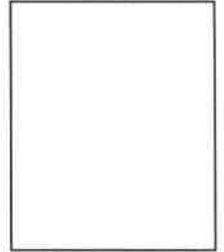
(Signature of Applicant.....)

(Full Name.....)



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Medical College Sola-Ahmedabad

NO.EST/SR/APT/A-6/ ⁹³⁴² /2026
Dt.07/07/2026



APPLICATION FORM
(Interview Dt. 14/07/2026 Tuesday)

1. Post Applied for :- **Senior Resident Emergency Medicine Department.....**
2. Name of Candidate :-
& Address
(IN BLOCK LETTERS)
- Telephone No. With code :- (Phone)..... (Mo.).....
- Local Contact Address :-
- Email-Id :-
- 3 Category: SC -..... ST -..... SEBC -..... Others -.....
- 4 Date of Birth: - 19.... Age: -..... YrsMonth.....Days
(As on Interview Date:-14/07/2026)
- 5 Sex: M / F :-
- 6 Present Job :-
- 7 **Educational Qualification :-**

Sr. No.	Examination	Year of Passing	University	Total Marks out of	Percentage	Attempt
1	Third MBBS - II					
2	MD/MS/DNB/MDS					

8 **Details of Teaching Experience (Senior Resident):-**

Sr. No.	Teaching Post Held (Senior Resident)	Name of Institution	Dates		Total Period	
			From	To	Years	Month
1						
2						
3						

(P.T.O)



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Undertaking

I declare that information stated above is true to the best of my knowledge. If above information found to be False; I am bound to obey the decision of Selection Committee.

Place: -.....

Date: -.....

(Signature of Applicant.....)

(Full Name.....)