GUJARAT UNIVERSITY OF TRANSPLANTATION SCIENCES

(Established Under the Gujarat Act. No. 9 of 2015)

Admission Form (2021-22)

FELLOWSHIP IN ABDOMINAL ORGAN TRANSPLANTATION SURGERY

FOR OFFICE USE ONLY	
APPLICATION NO.	
REGISTRATION NO.	

Affix your recent Passport size color Photo here (with signature)

1. NAME OF STUDENT (BLOCK LETTER) : _____
2. SEX : _____
3. MOBILE NO : | | | | | | | | | | |
4. PHONE NO : _____
5. E-MAIL ID : _____
6. BLOOD GROUP : _____
7. NATIONALITY : _____
8. MARITAL STATUS : _____
9. RELIGION : _____
10. DATE OF BIRTH : | D | D | M | M | Y | Y | Y | Y |
11. CATEGORY(√) : | Gen | | SC | | ST | | SEBC | | EWS | |
12. ADDRESS FOR COMMUNICATION : _____

: _____

: _____

: _____Pin code_____

13. PERMANENT ADDRESS : _____

: _____

: _____

: _____Pin code_____

14. LANGUAGES KNOWN

LANGUAGES	SPEAK	READ	WRITE

15. QUALIFICATION:

SR. No.	COURSE OF STUDY	MONTH & YEAR OF PASSING	NAME OF COLLEGE	NAME OF UNIVERSITY	AGGREGATE MARKS (WRITE YEAR WISE MARKS)	REMARKS
1.						
2.						
3.						
4.						
5.						
6.						

16. Details of Registration :

Name of Council	Registration. No.	Date of Registration	State

17. PROFESSIONAL EXPERIENCE :

SR No	NAME OF ORGANIZATION/INSTITUTE	DESIGNATION	EXPERIENCE TEACHING/ CLINICAL	DATE OF JOINING	DATE OF RELIEVING	REMARKS

Specify the clinical areas where you have worked: _____

_____

18. AWARDS/PRIZES RECEIVED : _____

19. DETAILS OF ENTRANCE EXAM FEES PAYMENT:

NAME OF BANK /PAYMENT GATEWAY	CHQ /DD/PAY ORDER NO/ONLINE PAYMENT REFERENCE NO	AMOUNT	DATE

20. DOCUMENTS SUBMITTED: PLEASE TICK (√)

SR. No.	NAME OF DOCUMENTS	ORIGINALS	PHOTOCOPY	REMARK
1.	HIGH SCHOOL MARK SHEET			
2.	HIGHER SECONDARY MARK SHEET			
3.	SCHOOL LEAVING CERTIFICATE			
4.	BIRTH CERTIFICATE			
5.	M.B.B.S MARK SHEET			
6.	M.B.B.S DEGREE CERTIFICATE			
7.	POST-GRADUATION MARK SHEET			
8.	POST-GRADUATION DEGREE CERTIFICATE			
9.	CAST CERTIFICATE			
10.	NON CREAMY LAYER CERTIFICATE			
11.	AADHAR CARD			
12.	DISABILITY CERTFICATE			
13.	EXPERIENCE CERTIFICATE			
14.	MEDICAL FITNESS CERTIFICATE			
15.	LIST OF PUBLICATIONS			
16.	TWO PASSPORT SIZE PHOTOGRAPHS			
17.	REGISTRATION CERTIFICATE OF STATE MEDICAL COUNCIL OF INDIA			
18.				
19.				

- Attach additional sheet if applicant required to submit any further/additional information with respect to the application form

DECLARATION BY THE APPLICANT

I_____ son / daughter of _____, hereby solemnly declare that all information furnished and enclosures given in this application are true and complete to the best of my knowledge and belief. I am also aware that if any statement made herein if found to be incorrect at any time either before or after admission, I will be liable to forfeit my seat and / or removal from the rolls of the College at whatever Stage of study I may be, besides making me liable for criminal prosecution.

Place:

Date: **Signature of Applicant**

Enclosures

CERTIFICATE BY THE PRESENT EMPLOYER

(In case of candidate who is already in service)

This is to certify that we have no objection to the selection of _____ to the **Fellowship in Abdominal Organ Transplantation** of 3 year duration at IKDRC-ITS, a Constituent Institute of Gujarat University of Transplantation Sciences (GUTS), Ahmedabad, Gujarat, India.

Signature of the Employer
with Office Stamp & date

MEDICAL FITNESS CERTIFICATE
To whom so ever it may concern

Affix your recent Passport size, color Photo here (with signature)

This is to certify that I have examined Mr./ Miss. _____aged _____

He/ she is suffering / not suffering from following diseases

Asthma — Physical Disability
Diabetes — Mental Disability
Hypertension — Allergy
Fits / Convulsions
He/ she has undertaken / not undertaken all vaccination.

Any other major disease (Please specify) –

His/ Her height……, weight……., vision……,Hearing----------.

I certify that Mr. / Miss _____ is physically, mentally & Psychologically fit / unfit for _____ course.

Marks of identification

Thumb impression

Signature:

Name of Registered Medical Practitioner:

Place:

Reg. No.:

Date:

Address:

(Office Seal)