



**Surat Municipal Institute of Medical Education and Research  
(Surat Municipal Corporation)**

Opp. Bombay Market, Umarwada, Surat-395010, Gujarat, India



**P. G. (Medical) ADMISSION FORM**

<b>COURSE NAME</b>	<b>P. G. DEGREE ( ) / DIPLOMA ( )</b>		<b>RECENT PHOTO</b>
<b>P. G. STREAM</b>	MD / MS		
<b>DATE OF ADMISSION</b>	/ / 2023		
<b>GENDER</b>	MALE ( ) / FEMALE ( )		
<b>CATEGORY</b>	(1) OPEN ( ), (2) SC ( ), (3) ST ( ), (4) SEBC ( ), (5) EWS ( )		
<b>ADMISSION QUOTA</b>	(1) GQ ( ), (2) LQ ( ), (3) MQ ( ), (4) NRI ( )		
<b>STUDENT NAME (CAPITAL LETTER)</b>	<b>SURNAME</b>	<b>FIRST NAME</b>	<b>MIDDLE (Father) NAME</b>
<b>MBBS COLLEGE &amp; UNIVERSITY</b>			
<b>DATE OF BIRTH</b>		<b>GENERAL MERIT NO.</b>	
<b>AGE</b>		<b>CAT. RANK NO.</b>	
<b>RELIGION</b>		<b>REGISTRATION NO.</b>	
<b>NATIONALITY</b>		<b>DATE OF REGISTRATION</b>	
<b>PRESENT NATIONALITY</b>		<b>MONORITY :</b> (1) YES ( ), (2) NO ( )	
<b>PLACE OF BIRTH</b>		<b>HANDICAPED :</b> (1) YES ( ), (2) NO ( )	
<b>CITY OF BIRTH</b>		<b>WHATS UP NO.</b>	
<b>DISTRICT OF BIRTH</b>		<b>MOBILE NO.</b>	
<b>STATE</b>		<b>RESIDENT NO.</b>	
<b>COUNTRY</b>		<b>OFFICE NO.</b>	
<b>INTEREST</b>			
<b>E-MAIL ID :</b>			
<b>PRESENT ADDRESS</b>	<b>HOUSE NO. :</b>	<b>STREET / AREA :</b>	
	<b>CITY :</b>		
	<b>PINCODE :</b>	<b>DISTRICT :</b>	
	<b>STATE :</b>	<b>COUNTRY :</b>	
<b><u>PAID FEES DETAIL</u></b>			
<b>AMOUNT</b>		<b>RECIEPT NO.</b>	
<b>RECEIPT DATE</b>			
<b><u>IF NRI :</u></b>			
<b>NRI TYPE</b>	BONAFIED ( ) DEPENDENT ( )	<b>PASSPORT NO.</b>	
<b>COUNTRY NAME ON PASSPORT</b>		<b>PASSPORT VADILITY DATE</b>	
<b>GUARDIAN NAME</b>			
<b>RELATION OF STUDENT WITH GUARDIAN</b>			
<b>RELATION OF FATHER / MOTHER WITH GUARDIAN (NRI)</b>			
<b>DATE :</b> / / 2023	<b>STUDENT SIGNATURE</b>		

**JOINING REPORT AS A FIRST YEAR RESIDENT.**

Dept. copy

M.D./M.S. ( )

Name:-

Mo. No.:-

Full Resi. Address:-

Date:- / /20

To,  
The Dean,  
SMIMER,  
Surat.

(Through Prof. & Head of the Deptt.)

Sub: - Joining report as First year Resident in \_\_\_\_\_.

Ref: - Dean, SMIMER, Surat's Office Order No. SMIMER/ /202 .

Dt. / /202 .

Respected Sir,

I the undersigned Dr. \_\_\_\_\_ has been appointed as First Year Resident in Department of \_\_\_\_\_.

Surat Municipal Institute of Medical Education & Research (SMIMER), Surat. I am joining from today i.e. Dated : / /202

Kindly accept my joining report as First year Degree/Diploma Resident in the \_\_\_\_\_ Deptt., SMIMER Medical College , Surat.

Thanking you,

Yours sincerely,

( Dr. \_\_\_\_\_ )

=====

NO. SMIMER/ /  
Deptt. of the \_\_\_\_\_,  
SMIMER, Medical College, Surat.  
Dated:

Forwarded with Compliments to:-

The Dean, Medical College (SMIMER), Surat for the information and necessary action.

Prof. & Head,  
Deptt. of \_\_\_\_\_,  
SMIMER, Medical College,

**JOINING REPORT AS A FIRST YEAR RESIDENT.**

Student copy

M.D./M.S. ( )  
Name:-  
Mo. No.-  
Full Resi. Address:-

Date:- / /202

To,  
The Dean,  
SMIMER,  
Surat.

(Through Prof. & Head of the Deptt.)

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SMIMER, Medical College,

**JOINING REPORT AS A FIRST YEAR RESIDENT.**

Stu.sec. copy

M.D./M.S. ( )  
Name:-  
Mo. No.:-  
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Yours sincerely,

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NO.SMIMER/ /  
Deptt. of the \_\_\_\_\_,  
SMIMER, Medical College, Surat.  
Dated:

Forwarded with Compliments to:-

The Dean, Medical College (SMIMER), Surat for the information and necessary action.

Prof. & Head,  
Deptt. of \_\_\_\_\_,  
SMIMER, Medical College,

**Term**

: \_\_\_\_\_

Name :

Subject :

Internship Completed Date :

Birth Date :

Residency / Non Stipendary /  
Degree / Diploma :

Date of joining in P.G.Course :

:

**Submission :**

(1) U.G.Bond : Rs. \_\_\_\_\_ (Submitted at 1st MBBS  
Admission for the year :

**Attached Bond Free Certificate/BOND  
Extension Letter**

(3) U.G. Bond Extension Letter : Yes/No

પુરૂ નામ :-

હોદ્દો:-

તારીખ:-

પ્રતિ,  
ડીનશ્રી,  
સ્મીમેર મેડીકલ કોલેજ  
ઉમરવાડા, સુરત.

"વિભાગના વડાશ્રી મારફતે"

શ્રીમાન,

હું નીચે સહી કરનાર \_\_\_\_\_ સવિનય જણાવવાનું કે, સ્મીમેર (મેડીકલ કોલેજ), સુરતમાં અનુસ્નાતક અભ્યાસક્રમ કરી રહ્યો છું. હું બોન્ડેડ વિદ્યાર્થી હોવાથી અનુસ્નાતક અભ્યાસક્રમ કરવા માટે મને પરવાનગી આપવા વિનંતી છે. આ સાથે બાંહેધરી ખત સામેલ છે.

મારી વિગત નીચે મુજબ છે.

૧.	અત્રેની કોલેજમાં પી.જી. ફર્સ્ટ ઈયરમાં દાખલ થયાની તારીખ	:	/ /202
૨.	જન્મ તારીખ	:	/ /
૩.	હંગામી સરનામું	:	
૪.	કાયમી સરનામું	:	
૫.	ફાઈનલ એમ.બી.બી.એસ. પાસ કર્યાની તારીખ.	:	
૬.	મેળવેલ માર્ક્સ	:	
૭.	ઈન્ટર્નશીપ પૂર્ણ કર્યાની તારીખ	:	/ /20
૮.	વિદ્યાર્થી અનુ.જાતિ/ જનજાતિ/ વિચરતી જાતિ / વિમુક્ત જાતિ / સા.શૈ.પ. છે. માહિતી આપવી.	:	OPEN/SC/ST/SEBC/EWS
૯.	કયા અનુસ્નાતક અભ્યાસક્રમમાં જોડાયેલ છે. સંપૂર્ણ માહિતી આપવી/દર્શાવવી.	:	M.D./M.S.
૧૦.	જે અનુસ્નાતક શિક્ષકની નીચે નોંધવામાં આવેલ છે તેમનું નામ અને હોદ્દો.	:	
૧૧.	અનુસ્નાતક અભ્યાસક્રમ પુરો કરવાની આશરે તારીખ, માસ અને વર્ષ.	:	/ /2027
૧૨.	વિદ્યાર્થી રેસીડેન્ટ તરીકે જોડાયેલ છે કે, નોન-સ્ટાઈપેન્ડરી અનુસ્નાતક વિદ્યાર્થી તરીકે જોડાયેલ છે.	:	રેસીડેન્ટ વિદ્યાર્થી
૧૩.	રીમાર્ક્સ.	:	

વિભાગના વડાની સહી

આપનો વિશ્વાસુ,

**SURAT MUNICIPAL INSTITUTE OF MEDICAL  
EDUCATION & RESEARCH (SMIMER), SURAT.**



**UNDERTAKING**

Category :  
Merit No. :  
Rule No.13

I the undersigned Dr. \_\_\_\_\_  
(Name in Full & Begin with Surname)

hereby undertake to carry out my duties diligently and conscientiously for the period for which I am appointed.

I also undertake to prosecute my studies for higher qualification in the subject/Post Graduate qualification and to give satisfactory evidence of having done so.

Date: \_\_\_\_\_ Signature \_\_\_\_\_



**Post Graduate: Students Entry Form**  
**Surat Municipal Institute of Medical Education & Research, Surat**

**Academic Year :- 2024 - 2025**  
**Fill in CAPITAL LETTER ONLY**

<b>Course Name</b>	
<b>Name of Student</b>	
<b>Gender</b>	
<b>Date of Birth</b>	
<b>Admitted On Recognized/Permitted Seat?</b>	-----
<b>Category: (Open/SC/ST/OBC/EWS)</b>	
<b>Physically Handicapped</b>	
<b>Entrance Exam Name/NEET Role No.</b>	
<b>NEET All India Rank</b>	
<b>NEET State Rank</b>	
<b>NEET State Rank of Which State?</b>	
<b>Total marks/ Marks Obtained</b>	
<b>Entrance Exam Percentage</b>	
<b>Stipend Paid</b>	
<b>Stipend Amount</b>	
<b>Student Registration No at MCI/GMC</b>	G -
<b>Registered Council Name</b>	Gujarat Medical Council
<b>Date of Admission</b>	/ /202
<b>Name of Teacher Under Whom The Student Admitted</b>	-----
<b>Aadhar Card No.</b>	
<b>Father Aadhar Card No.</b>	
<b>Mobile No.</b>	
<b>Whats app No.</b>	
<b>Father Mobile No.</b>	
<b>Mother Mobile No.</b>	
<b>Bank Name</b>	
<b>Bank Branch Address</b>	
<b>Saving Account No.</b>	
<b>MICR Code</b>	
<b>IFSC Code</b>	
<b>Email ID</b>	

**Student Signature**

\_\_\_\_\_

**Professor & Head**  
**Deptt. of**  
**SMIMER Medical College**



**SURAT MUNICIPAL INSTITUTE OF MEDICAL  
EDUCATION & RESEARCH (Res. Dr.)**

NAME :

Degree :

Department :

Designation:

M.B.B.S. Reg. No.: G-

Date Of Joining :    /    /20

Valid Upto :    /    /2027

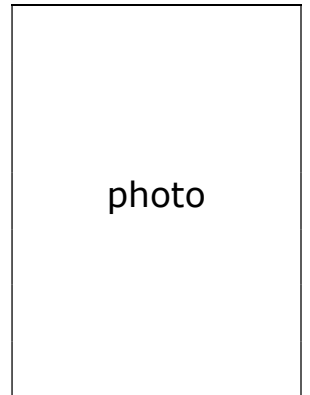
DATE OF BIRTH :

BLOOD GROUP :

LIBRARY CARD NO :

RESIDENT PERMANENT ADDRESS WITH PINCODE    :

SMIMER/PG/



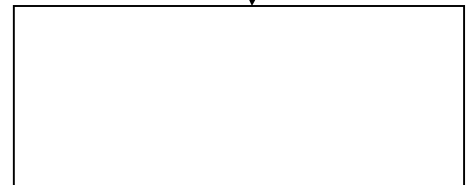
PH. :

MOBILE :

Whatsup No. :

Email Id :

IN BLANK AREA  
Signature of Doctor



# LIST OF DOCUMENT SUBMITTED WITH THE FORM

\*(Zerox copy with self attested)

1	Allotment Letter of ACPPGMEC
2	Help center Reporting letter
3	Tuition Fee Receipt
4	All MBBS Marksheets
5	12 months internship completion certificate of University & College
6	Copy of NEET-PG-2024 Marksheet
7	Registration of Medical Council (GMC)
8	Proof of Place of Birth & Date of Birth & Indian Citizenship (School Leaving /Transfer certificate/Birth certificate/Passport)
9	Cast certificate issued by <b>competent authorities of Gujarat State only</b>
10	Non-creamy layer certificate (For SEBC Category) issued after 01/04/2022
11	EWS certificate (For EWS Category) issued after 01/04/2022
12	Copy of Passport [if Citizenship is Dual/ Foreign]
13	Aadhar card with Address (Student, Mother & Father)
14	*Transfer Certificate & Migration of Parenting College/University (If resident passed out M.B.B.S. of other University)
15	Bank Passbook/Statement (With IFSC Code & MICR Code)