JOINING REPORT AS A FIRST YEAR RESIDENT.

Dept. copy

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

E-mail ID:-

Date:-   /   /202

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. ( )*

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Mo. No.:-
Full Resi. Address:-

E-mail ID:-

Date:- / /202

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Yours sincerely,

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(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.

Stu.sec. copy

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(Dr.   )

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

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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 :—

હોદ્દોઃ—
તારીખઃ—

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 રહયો 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	:	/ /20
૨.	જન્મ તારીખ	:	/ /
૩.	હંગામી સરનામું	:	
૪.	કાયમી સરનામું	:	
૫.	ફાઈનલ એમ.બી.બી.એસ. પાસ કર્યાની તારીખ.	:	
૬.	મેળવેલ માર્કસ	:	
૭.	ઈન્ટર્નશીપ પૂર્ણ કર્યાની તારીખ	:	/ /20
૮.	વિદ્યાર્થી અનુ.જાતિ/ જનજાતિ/ વિચરતી જાતિ / વિમુકત 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.	:	/ /2029
૧૨.	વિદ્યાર્થી રેસીડેન્ટ તરીકે જોડાયેલ છે કે, નોન—સ્ટાઈપન્ડરી અનુસ્નાતક વિદ્યાર્થી તરીકે જોડાયેલ છે.	:	રેસીડન્ટ વિદ્યાર્થી
૧૩.	રીમાર્કસ.	:	

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 Registration Form

Surat Municipal Institute of Medical Education & Research, Surat

Academic Year :- 2026 - 2027

Fill in CAPITAL LETTER ONLY

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

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 : / /2029

DATE OF BIRTH :

BLOOD GROUP :

LIBRARY CARD NO :

RESIDENT PERMANENT ADDRESS WITH PINCODE :

SMIMER/PG/

photo

PH. :

MOBILE :

Whatsup No. :

Email Id :

IN BLANK AREA

Signature of Student

LIST OF DOCUMENT SUBMITTED WITH THE FORM

*(Zerox copy with self attested)

1	Allotment Letter of ACPPGMEC
2	Help center Reporting letter (with Nodal officer sign)
3	Tuition Fee Receipt
4	All MBBS Marksheets
5	12 months internship completion certificate of University & College
6	Copy of NEET-PG:2026 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 **competent authorities of Gujarat State only**
10	Non-creamy layer certificate (For SEBC Category) Issued on/after Dt: 01/04/2024, valid for 2026-27, (for Gujarati language certificate) Issued date on/after Dt: 01/04/2026, valid for 2026-27 (for English language certificate)
11	EWS certificate (For EWS Category) Issued on/after Dt: 01/04/2024, valid for 2026-27, (for Gujarati language certificate) Issued date on/after Dt: 01/04/2026, valid for 2026-27 (for English language certificate)
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)