



AMC Medical Education Trust

Dr. Ramanbhai Patel Bhavan, Usmanpura, Ahmedabad – 380 013

Affix your
latest Passport
size
Photograph
duly self
attested

APPLICATION FORM

Application No. Post Applied For:

1. Name in full _____

Father's /Husband's Name _____

2. Present Address _____

Mobile No.: _____

Permanent Address _____

Tel. No. _____

3. Age (in years) Date of Birth Place of Birth _____

4. Category Applied for (OPEN / SC / ST / SEBC):
(Endorse certificate from competent authority.)

5. Full particulars of General and Technical qualifications acquired commencing from S.S.C./H.S.C./Diploma/Degree or equivalent examination. (Please mention about the successfully completed courses only.)

Name of Exam. Degree or Course	School/College/ University	Year of Passing	Class/ Division	Principal subjects offered	Merit/ rank & % of Marks

(a) Any professional/other training taken detail with duration and name of institute:

6. Details of membership of any professional/academic Institute.

7. Expected starting total salary including allowances: Rs. _____ (per Annum)

8. When can you join if offered an appointment? _____

9. Details of the previous appointment and working experience.

Name of Institution & Department	Designation	Type of Work	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months

10. Are you having service agreement/Bond with your present employer?
If yes, please mention period etc. and give details separately.

11. Have you been abroad?
If yes, please mention countries visited with purpose & duration.

12. Languages known
Mother tongue _____

Language	Speak	Read	Write

13. Physiology Details:

Height	Cms	Weight		Sex	
Religion		Nationality		Domicile	
Marital Status		No. of Children			
Disability of permanent nature or chronic illness, if Any					
Identification marks					
Wearing Glasses? If yes please mention Number & Duration.					

14. Please name two references who are not your relative and who can certify about your work and conduct.

(1)	(2)
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15. Any other relevant Information

I solemnly declare that the particulars furnished in this application are true and correct. I clearly understand that any misstatement of fact contained herein or willful concealment of any material fact will render me liable to appropriate action as may be decided by AMC MET.

Place:

Date :

Signature

- N.B.** (1) Candidate should furnish with this application true copies of all the certificates, testimonials of education qualification from S.S.C. onwards and experience etc. duly certified by Gazetted Officer.
- (2) Application with incomplete information will not be accepted.
- (3) The application should be in the candidate's own handwriting.
- (4) A candidate who is employed elsewhere should forward the application through his/her employer and should attach a certificate from the employer that he/she has been permitted to apply for the post in question, otherwise the application will not be considered.

ENCLOSURES

Sr. No.	Documents	Page No.
1	Proof of Birth Date	
2	Caste Certificate	
3	S.S.C.& H.S.C. Mark Sheet[including mark sheet of failure]	
4	Degree/ Diploma Mark Sheet[including mark sheet of failure]	
5	Mark Sheet & Degree Certificate of Any Additional Qualification [including mark sheet of failure]	
6	Attempt Certificate	
7	Degree Certificate	
8	PG Degree Certificate	
9	PG Attempt Certificate	
10	Copies of Registration	
11	Experience Certificate	
12	Copy of PAN Card	

Signature of Applicant