

## Gujarat Adani Institute of Medical Sciences

G K General Hospital, Bhuj - 370001. KUTCH.

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### **Application Form** **Admission in 2<sup>nd</sup> Year MBBS (By Transfer of College)** **Academic Year 2016 -2017**

#### **APPLICANT'S DETAILS**

1. Full Name: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)
2. Father's Name: - \_\_\_\_\_  
(Surname) (First Name) (Middle Name)
3. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Telephone No with Area Code: \_\_\_\_\_
5. Mobile : \_\_\_\_\_
6. E-mail Address **(Mandatory)** \_\_\_\_\_
7. Gender : Male/Female
8. (a) Date of Birth: \_\_\_\_\_  
(Date) (Month) (Year)
9. Nationality (Applicant) : \_\_\_\_\_
10. Details of present college : \_\_\_\_\_
  - (a) Name of College : \_\_\_\_\_
  - (b) Address of College : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - (c) Name of University : \_\_\_\_\_
  - (d) Address of University : \_\_\_\_\_  
\_\_\_\_\_

**11. Details of 10<sup>th</sup> Std. Examination**

Passed by student : \_\_\_\_\_  
(a) Month & Year of Passing : \_\_\_\_\_  
(b) Examination Seat No. : \_\_\_\_\_  
(c) Marks obtained out of : \_\_\_\_\_ / \_\_\_\_\_  
(d) Attempt : \_\_\_\_\_

**12. Details of 12<sup>th</sup> Std. Examination**

Passed by student:  
(a) Month & Year of Passing : \_\_\_\_\_  
(b) Examination Seat No. : \_\_\_\_\_  
(c) Marks obtained out of : \_\_\_\_\_ / \_\_\_\_\_  
(d) Attempt : \_\_\_\_\_

**13. Details of 1<sup>st</sup> Year MBBS Examination passed by student:**

(a) Name of the College : \_\_\_\_\_ University \_\_\_\_\_  
(b) Month & Year of Passing : \_\_\_\_\_  
(c) Examination Seat No. : \_\_\_\_\_  
(d) Marks obtained out of : \_\_\_\_\_

Sr.	Subject	Theory (External)		Practical (External)		Total (External)	
		Obtained	Out of	Obtained	Out of	Obtained	Out of
1	ANATOMY						
2	PHYSIOLOGY						
3	BIOCHEMISTRY						
<b>TOTAL</b>							

(e) Number of attempts : \_\_\_\_\_

**14. List of Attached documents (Self Attested)**

- 1) School Leaving Certificate / Birth Certificate
- 2) NOC from present College
- 3) NOC from present University
- 4) NOC from Gujarat Adani Institute of Medical Sciences
- 5) NOC from Krantiguru Shyamji Krishna Verma University, Bhuj
- 6) Certificate mentioning that present college is recognized college
- 7) Certificate of college mentioning attachment to the University
- 8) Mark Sheet of std.10<sup>th</sup>(SSC Examination) or Equivalent Examination
- 9) Attempt certificate for 10<sup>th</sup> (SSC Examination)
- 10) Mark Sheet of std.12<sup>th</sup> (HSC Examination) or Equivalent Examination
- 11) Attempt certificate for 12<sup>th</sup> (HSC Examination)
- 12) Mark Sheet of 1<sup>st</sup> MBBS
- 13) Attempt certificate for 1<sup>st</sup> MBBS
- 14) Draft of Processing Fee of Rs. 15,000/- in name of "**Gujarat Adani Institute of Medical Sciences, Bhuj**"

Amount Rs. ....D.D. No. ....

Name of Bank :- .....

Name of Branch :- .....

Date of Issue :- .....

**(Application without above mentioned documents will be treated as not eligible application)**

**ADDRESS FOR SUBMISSION OF APPLICATION**

**Office of  
Gujarat Adani Institute of Medical Sciences (GAIMS)  
G K General Hospital, Opp. Lotus Colony,  
Bhuj - 370001. KUTCH.**

**I solemnly declare that I have personally checked and verified all the information filled in this form and that they are correct and that no relevant information of fact is suppressed or omitted.**

**I undertake to abide by the decision / order of the Dean/Principal to cancel my admission and/or to expel me from the college and/or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of admission or at any time during the course of my study.**

**I hereby agree, if admitted, to conform to the Rules and Regulations of the Medical College in force and that may hereafter be made for the governance of the college and undertake that so long as I am a student of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good name.**

**Date  
Place**

**Signature of the  
Father/Guardian**

**Signature of the Student**