

**ADMISSION COMMITTEE FOR PROFESSIONAL
POST-GRADUATE MEDICAL COURSES (ACPPGMC)**

Government of Gujarat

Office: GMERS Medical College, Gandhinagar- 382016

Website: <http://medadmgujarat.org/pg/home.aspx> Mobile: 9099074536

APPLICATION FORM

Applying Course:	MD/MS (Ayurveda) <input type="checkbox"/>	Recent Passport Size photograph of Candidate			
	MD (Homoeopathy) <input type="checkbox"/>				
AIA-PGET-2018 Reg. No.:	<input style="width:100%;" type="text"/>				
AIA-PGET-2018 Marks Secured:	<input style="width:100%;" type="text"/>				
Candidate Name: <i>(as AIA-PGET marksheet)</i>	<input style="width:100%;" type="text"/>				
Mother Name:	<input style="width:100%;" type="text"/>				
Father Name:	<input style="width:100%;" type="text"/>				
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
Date of Birth:	<input style="width:100%;" type="text" value="dd/mm/year"/>				
Category:	General <input type="checkbox"/>	SC <input type="checkbox"/>			
	ST <input type="checkbox"/>	SEBC <input type="checkbox"/>			
Specific Disability:	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Birth Place:	Place: <input style="width:100%;" type="text"/>	Taluka: <input style="width:100%;" type="text"/>			
	District: <input style="width:100%;" type="text"/>	State: <input style="width:100%;" type="text"/>			
	Country: <input style="width:100%;" type="text"/>				
Citizenship:	INDIAN <input type="checkbox"/>	OTHER <input type="checkbox"/>			
Address for correspondence:	<input style="width:100%; height: 40px;" type="text"/>				
Mobile No.:	<input style="width:100%;" type="text"/>	Alternate Mobile No.: <input style="width:100%;" type="text"/>			
E-mail:	<input style="width:100%;" type="text"/>				
Passing College:	<input style="width:100%;" type="text"/>				
University:	<input style="width:100%;" type="text"/>				
State & Country:	<input style="width:100%;" type="text"/>				
Passing Month & year:	<input style="width:100%;" type="text"/>				
Examination	Month & Year	University	Marks Obtained	Out of	No. of Attempt
1 st Year BAMS/BHMS					
2 nd Year BAMS/BHMS					
3 rd Year BAMS/BHMS					
4 th Year BAMS/BHMS					
Internship Started Date:	<input style="width:100%;" type="text" value="dd/mm/year"/>	Internship Completion Date:	<input style="width:100%;" type="text" value="dd/mm/year"/>		
Total Month of Internship Completed:	<input style="width:100%;" type="text"/>				
Provisional or Permanent Registration No.:	<input style="width:100%;" type="text"/>	State:	<input style="width:100%;" type="text"/>		
Payment Details:	In favor of: <input style="width:100%;" type="text" value="ACPPGMEC"/>	Payable at: <input style="width:100%;" type="text" value="GANDHINAGAR, GUJARAT"/>			
	Amount: <input style="width:100%;" type="text" value="Rs. 2000.00"/>	DD No.: <input style="width:100%;" type="text"/>			
	Date: <input style="width:100%;" type="text" value="dd/mm/year"/>	Bank & Branch: <input style="width:100%;" type="text"/>			

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Attach self-attested photocopy of following documents:

1. All Year BAMS/BHMS Marksheet
2. Attempt Certificate
3. For SEBC, ST and SC Category: Cast certificate issued by Competent Authorities of **Gujarat State only**
4. For SEBC Category: Non-creamy layer certificate (Parishistha '4' in Gujarati/English) issued by Competent Authorities of **Gujarat State only** dated on or after 01/04/2016
5. AIA-PGET-2018 Marksheet
6. School Leaving Certificate
7. For students who have passed final year in September, 2017: 8 months' internship completion certificate with specifying the 12 months' internship completion date i.e. on or before 31.10.2018
8. For students who have passed final year before September, 2017: 12 months' internship completion certificate
9. Provisional / Permanent Registration of Gujarat Board of Ayurvedic & Unani System of Medicine OR Central Council of Indian medicine / Council of Homoeopathic System of Medicine Gujarat State OR Central Council of Homoeopathy
10. Copy of Passport [if Citizenship is Dual/ Foreign]

IMPORTANT NOTE

The candidates have to submit the filled Application form along with Demand Draft of Rs. 2000/- in name of 'ACPPGMEC, Gandhinagar' payable at Gandhinagar, Gujarat at Designated Help Center of ACPPGMEC from date: 22.10.2018 (Monday), 10.00 am to date: 26.10.2018 (Friday), 4.00 pm. The application received after date: 26.10.2018, 4.00 pm, by any means will not be considered for admission in any circumstances.

DECLARATION OF THE CANDIDATE

I hereby declare that the application has been filled by my own hand and the information given by me in the application above is correct and nothing has been concealed. In case, at any stage, if it is found that information furnished by me is false, my admission may be cancelled. Further I declare that, I have read rules and regulations. I shall abide by the rules and regulations of the College and University Ordinance and also by the college authorities for conduct discipline from time to time.

I know if mark-sheets and other certificates (duly attested) are not submitted as proof of marks obtained in various subjects, my application will summarily be rejected and no correspondence will be entertained.

Date:

Place:

Signature of Candidate

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CHECK-LIST

NAME OF HELP CENTER: _____

Name of Candidate: _____

AIA-PGET-2018 Reg. No.: _____

Date: _____

Category: General

SEBC

SC

ST

PH

FOR OFFICE USE ONLY

Documents to be verified:

Sr. No.	Documents	Tick
1	Filled Application Form	
2	All Year BAMS/BHMS Marksheet	
3	Attempt Certificate	
4	For SEBC, ST and SC Category: Cast certificate issued by Competent Authorities of Gujarat State only	
5	For SEBC Category: Non-creamy layer certificate (Parishista '4' in Gujarati/English) issued by Competent Authorities of Gujarat State only dated on or after 01/04/2016	
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11	Copy of Passport [if Citizenship is Dual/ Foreign]	
12	Demand Draft of Rs. 2000/- in name of 'ACPPGMEC, Gandhinagar' payable at Gandhinagar, Gujarat	

Remarks: _____

Signature of Candidate: _____

Name of verification officer: _____

Date: _____ Signature of verification officer: _____

Seal of College

ACKNOWLEDGEMENT OF DOCUMENTS VERIFICATION FOR ACPPGMEC

NAME OF HELP CENTER: _____

Name of Candidate: _____

AIA-PGET-2018 Reg. No.: _____

Remarks: _____

Name of verification officer: _____

Date: _____ Signature of verification officer: _____

Seal of College