



**SURAT MUNICIPAL INSTITUTE OF MEDICAL EDUCATION AND  
RESEARCH  
SURAT MUNICIPAL CORPORATION  
(Visit us at [www.suratmunicipal.gov.in](http://www.suratmunicipal.gov.in))**

Applications are invited from Medical personnel (super speciality consultants) for the following posts on honorarium basis. The 'SMIMER' is well established Medical Institute affiliated to Veer Narmad south Gujarat University and approved by Medical Council of India.

Sr. No.	Department	Name of Post	No. of Posts	Honorarium Per Month	Qualifications
1	Medicine inclusive of Paediatrics	Nephrology	01	Rs.3000/-	DM/DNB- Nephro
		Neurology	02	Rs.3000/-	DM/DNB- Neuro
		Neonatology	02	Rs.3000/-	DM/DNB- Neonet
		Endocrinology	01	Rs.3000/-	DM/DNB- Endocrino
		Haematology	02	Rs.3000/-	DM/DNB- Heamato
2	Surgery inclusive of Orthopedic	Neuro Surgery	02	Rs.3000/-	M.Ch.-Neuro Surgery
		Paediatrics Surgery	01	Rs.3000/-	M.Ch.-Paediatric Surgery
		Urology	01	Rs.3000/-	M.Ch.-Urology
		Onco Surgery	01	Rs.3000/-	M.Ch.-Onco Surgery
		Cardio-thoracic Surgery	02	Rs.3000/-	M.Ch.-Cardio- thoracic Surgery
3	Obs & Gynac. & Radiology	Fetal Medicine Expert	01	Rs.3000/-	M.D./M.S./D.G.O. with fellowship in Fetal Medicine (Obs.& Gynac) <b>OR</b> M.D/DMRD with fellowship in Fetal Medicine (Radiologist)
		Interventional Radiologist	01	Rs.3000/-	M.D. (Radiologist) <b>OR</b> DNB Radiology with at least work in interventional for 2 years <b>OR</b> M.D. Radiologisis with 2 years of fellowship in interventional Radiology
4	Ophthalmology	Retina Surgeon	01	Rs.3000/-	Fellow of National board in retinal speciality (FNB) after MS Ophthalmology <b>OR</b> Two years fellowships in retina from reputed institute after MS Ophthalmology

The interested candidates mat send their application with resume, containing details of name, age, educational qualification, experience, address, phone number, fax number, e-mail address etc. on a prescribed format (which can be downloaded from SMC/SMIMER websites) so as to reach the Room No. 75, Central Office, SMC on or before 26/07/2018. They should affix their recent photograph on application form.

The candidates fulfilling qualifications shall have to attach attested copies of the following documents along-with application (1) Proof of the birth date (2) Caste Certificate (3) Mark Sheet, Degree Certificates, Attempt certificates, Registration certificates of Medical Council (4) Experience certificate (5) Research publications (6) photo I.D. as prescribed by MCI etc. Candidate will have to bring original certificates for verification.

**SD/-**

**No. PRO/208/2018-19  
DATE : -16/07/2018**

**MUNICIPAL COMMISSIONER  
SURAT MUNICIPAL CORPORATION.**



**SURAT MUNICIPAL CORPORATION**  
**SURAT MUNICIPAL INSTITUTE OF MEDICAL EDUCATION & RESEARCH**  
Umarwada, Near Bombay Market, Surat-39510  
0261-2366367; 2368040-44; Fax: 0261-2343241; [www.suratmunicipal.gov.in](http://www.suratmunicipal.gov.in)

**Application Form**

(Complete In Block Letters)

Affix Passport  
Size  
Photograph  
(Self Attested)

**Reference : Notice / Advertisement dated :**

**1. Post Applied for**

- Designation: \_\_\_\_\_
- Specialty: \_\_\_\_\_

**2. Name of Candidate:**

(Surname) (First Name) (Middle Name)

**3. Father's Name /  
Husband's Name:**

(Surname) (First Name) (Middle Name)

**4. Address**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Pincode:** \_\_\_\_\_

**Telephone Numbers**

**Home (with code):** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**E-mail Address :**

**a)** \_\_\_\_\_

**b)** \_\_\_\_\_

**5. Date of Birth:**

D	D	M	M	Y	Y	Y	Y
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**6. Sex:**

**Male**

**Female**

**7. Category:**

**SC**

**ST**

**SEBC**

**General**

**8. Educational Qualifications:**

Examination	Registration Number	Year of Passing	Name of the University	Percentage	Attempt	Score*
MBBS						
PG Degree (MD/MS/MDS)						
M.Ch/ DM						
Other / Fellowship						

**9. Experience:**

Designation	Name of Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience in years & months

**10. Details of Research publications**

No. of Publications	Name of Journal	
	National Journal	International Journal

**11. Check-List:**

Please tick (√) in the appropriate box the document you have submitted with your application (attach **attested xerox copies** wherever applicable in the sequence given below.)

S. No	Document	Please Tick
(1)	M.B.B.S.	(a) Mark Sheet
		(b) Attempt Certificate
		(c) Degree Certificate
		(d) Registration Certification
(2)	PG Diploma	(a) Mark Sheet
		(b) Attempt Certificate
		(c) Degree Certificate
		(d) Registration Certification
(3)	MD/MS	(a) Mark Sheet
		(b) Attempt Certificate
		(c) Degree Certificate
		(d) Registration Certification
(4)	M.Ch/DM/Fellowship	(a) Mark Sheet
		(b) Attempt Certificate
		(c) Degree Certificate
		(d) Registration Certification
(4)	Experience Certificate	
(5)	Birth Date Certificate/ School Leaving	
(6)	Research Publication with proof of Indexation.	
(7)	NOC of Present Employer	

If selected willingness to join within [      ] days.

**Undertaking**

I hereby declare that the above information is true to the best of my knowledge. If the above information found to be false; I am bound to obey the decision of selection committee.

Place: \_\_\_\_\_

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

\_\_\_\_\_  
(Signature of the Applicant)

## **DECLARATION**

I hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief.

In the event of submission of fraudulent, incorrect or untrue information or suppression or distortion of any fact like education qualification, marks, experience etc., I understand that my selection is liable for cancellation.

I further understand that my selection is purely provisional subject to the verification of the eligibility conditions.

I undertake to abide by the decision / order of the Dean to cancel my provisional selection 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 selection or at any time during the course of my employment.

I hereby agree, if selected, 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 employee of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good name.

**Place:**\_\_\_\_\_

**Date:**\_\_\_\_\_

\_\_\_\_\_  
**(Signature of the Applicant)**