

JOINING REPORT AS A FIRST YEAR RESIDENT.

M.D./M.S. ()
Diploma in _____

Name:-

Full Resi. Address:-

Date:- / /20

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/ /20 .
Dt. / /20 .

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 : / /2022

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,

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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 :
)

(2) P.G.Bond : Rs. _____

(3) Under taking of U.G. Bond :

(4) P.G. Permission letter :

પુરૂ નામ :-

હોદ્દો:-

તારીખ:-

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 રહ્યો 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	:	
૨.	જન્મ તારીખ	:	
૩.	હંગામી સરનામું	:	
૪.	કાયમી સરનામું	:	
૫.	ફાઇનલ એમ. બી. બી. એસ. પાસ કર્યાની તારીખ.	:	
૬.	મેળવેલ માર્ક્સ	:	
૭.	ઈન્ટર્નશીપ પૂર્ણ કર્યાની તારીખ	:	
૮.	વિદ્યાર્થી અનુ. જાતિ/ જનજાતિ/ વિચરતી જાતિ / વિમુક્ત જાતિ / સા. શૈ. પ. છે. માહિતી આપવી.	:	
૯.	કયા અનુસ્નાતક અભ્યાસક્રમમાં જોડાયેલ છે. સંપૂર્ણ માહિતી આપવી/દર્શાવવી.	:	
૧૦.	જે અનુસ્નાતક શિક્ષકની નીચે નોંધવામાં આવેલ છે તેમનું નામ અને હોદ્દો.	:	
૧૧.	અનુસ્નાતક અભ્યાસક્રમ પુરો કરવાની આશરે તારીખ, માસ અને વર્ષ.	:	
૧૨.	વિદ્યાર્થી રેસીડેન્ટ તરીકે જોડાયેલ છે કે, નોન-સ્ટાઈપેન્ડરી અનુસ્નાતક વિદ્યાર્થી તરીકે જોડાયેલ છે.	:	
૧૩.	રીમાર્ક્સ.	:	

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 Entry Form
Surat Municipal Institute of Medical Education & Research, Surat
Academic Year :- 2021 - 2022

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 Role No.	
NEET All India Rank	
NEET State Rank	
NEET State Rank of Which State?	
Total marks/ Marks Obtained	
Entrance Exam Percentage / NEET Percentile	
Stipend Paid	
Stipend Amount	
Stipend Paid By Govt. Institution	
Student Registration No at MCI/GMC	
Registered Council Name	
Date of Admission	
Name of Teacher Under Whom The Student Admitted	

Student Signature

**Professor & Head
Deptt. of**

SMIMER Medical College

**SURAT MUNICIPAL INSTITUTE OF MEDICAL
EDUCATION & RESEARCH (Res. Dr.)**

NAME :

Degree :

SMIMER/PG/

Department :

Designation:

M.B.B.S. Reg. No.:

Date Of Joining

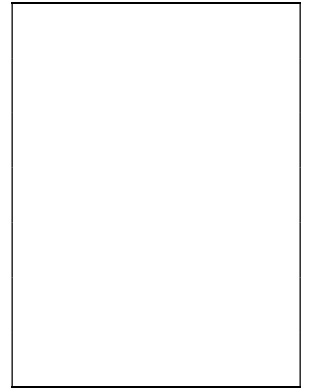
Valid Upto :

DATE OF BIRTH :

BLOOD GROUP :

LIBRARY CARD NO :

RESIDENT PERMANENT ADDRESS :



PH. :

MOBILE :

Whatsup No. :

IN BLANK AREA
Signature of Doctor

LIST OF DOCUMENT SUBMITTED WITH THE FORM

*(Zerox copy with self attested)

1	Allotment Letter of ACPPGMEC
2	Help center Reporting letter
3	Tuition Fee Receipt
4	All MBBS Marksheets
5	12 months internship completion certificate of University & College
6	Copy of NEET-PG-2021 Marksheet
7	Registration of Medical/ Dental Council
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 after 01/04/2019
11	EWS certificate (For EWS Category) issued after 01/04/2019
12	Copy of Passport [if Citizenship is Dual/ Foreign]
13	Aadhar card with Address
14	* University Eligibility (If resident passed out M.B.B.S. of other University)
15	*Transfer Certificate & Migration of Parenting College/University (If resident passed out M.B.B.S. of other University)
16	Bank Passbook details