

**JOINING REPORT AS A FIRST YEAR RESIDENT.**

Dept. copy

M.D./M.S. ( )

Name:-

Mo. No.:-

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/ /202 .

Dt. / /202 .

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 : / /202

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,

**JOINING REPORT AS A FIRST YEAR RESIDENT.**

Student copy

M.D./M.S. ( )  
Name:-  
Mo. No.-  
Full Resi. Address:-

Date:- / /202

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Surat.

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Deptt. of the \_\_\_\_\_,  
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Deptt. of the \_\_\_\_\_,  
SMIMER, Medical College, Surat.  
Dated:

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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 :

**Attached Bond Free Certificate/BOND Extension Letter**

(3) U.G. Bond Extension Letter

:

Yes/No

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	:	/ /20
૨.	જન્મ તારીખ	:	/ /
૩.	હંગામી સરનામું	:	
૪.	કાયમી સરનામું	:	
૫.	ફાઈનલ એમ.બી.બી.એસ. પાસ કર્યાની તારીખ.	:	
૬.	મેળવેલ માર્ક્સ	:	
૭.	ઈન્ટર્નશીપ પૂર્ણ કર્યાની તારીખ	:	/ /20
૮.	વિદ્યાર્થી અનુ.જાતિ/ જનજાતિ/ વિચરતી જાતિ / વિમુક્ત જાતિ / સા.શૈ.પ. છે. માહિતી આપવી.	:	OPEN/SC/ST/SEBC/EWS
૯.	કયા અનુસ્નાતક અભ્યાસક્રમમાં જોડાયેલ છે. સંપૂર્ણ માહિતી આપવી/દર્શાવવી.	:	M.D./M.S.
૧૦.	જે અનુસ્નાતક શિક્ષકની નીચે નોંધવામાં આવેલ છે તેમનું નામ અને હોદ્દો.	:	
૧૧.	અનુસ્નાતક અભ્યાસક્રમ પુરો કરવાની આશરે તારીખ, માસ અને વર્ષ.	:	/ /2028
૧૨.	વિદ્યાર્થી રેસીડેન્ટ તરીકે જોડાયેલ છે કે, નોન-સ્ટાઈપન્ડરી અનુસ્નાતક વિદ્યાર્થી તરીકે જોડાયેલ છે.	:	રેસીડેન્ટ વિદ્યાર્થી
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 :- 2025 - 2026**  
**Fill in CAPITAL LETTER ONLY**

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	
Stipend Paid	
Stipend Amount	
Student Registration No at MCI/GMC	G -
Registered Council Name	Gujarat Medical Council
Date of Admission	/ /202
Name of Teacher Under Whom The Student Admitted	_____
Aadhar Card No.	
Father Aadhar Card No.	
Mobile No.	
Whats app No.	
Father Mobile No.	
Mother Mobile No.	
Bank Name	
Bank Branch Address	
Saving Account No.	
MICR Code	
IFSC Code	
Email ID	

**Student Signature**

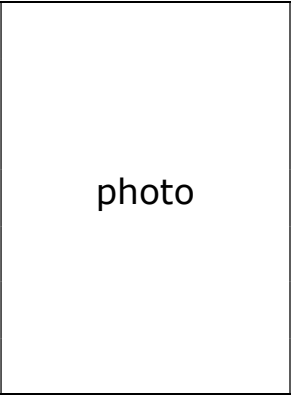
\_\_\_\_\_

**Professor & Head**  
**Deptt. of**  
**SMIMER Medical College**

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

NAME :  
Degree :  
Department :  
Designation:  
M.B.B.S. Reg. No.: G-  
Date Of Joining :     /     /20  
Valid Upto :     /     /2028  
DATE OF BIRTH :  
BLOOD GROUP :  
LIBRARY CARD NO :  
RESIDENT PERMANENT ADDRESS WITH PINCODE     :

SMIMER/PG/



PH. :  
MOBILE :  
Whatsup No. :  
Email Id :

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-2025 Marksheet
7	Registration of Medical Council (GMC)
8	Proof of Place of Birth & Date of Birth & Indian Citizenship (School Leaving /Transfer certificate/Birth certificate/Passport)
9	Cast certificate issued by <b>competent authorities of Gujarat State only</b>
10	Non-creamy layer certificate (For SEBC Category) issued after 01/04/2023
11	EWS certificate (For EWS Category) issued after 01/04/2023
12	Copy of Passport [if Citizenship is Dual/ Foreign]
13	Aadhar card with Address (Student, Mother & Father)
14	*Transfer Certificate & Migration of Parenting College/University (If resident passed out M.B.B.S. of other University)
15	Bank Passbook/Statement (With IFSC Code & MICR Code)