



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

Applications are invited from medical personnel (super-specialty consultants) for the following posts on honorarium basis. 'SMIMER' is well established medical institute affiliated to Veer Narmad South Gujarat University (VNSGU), Surat and is recognized by Medical Council of India (MCI), New Delhi.

SNo	Department	Name of Post	No. of Post	Honorarium per month	Qualifications
1	Medicine inclusive of Pediatrics	Nephrology	2	Rs.3000/-	DM/DNB- Nephro
		Gastroenterology	1	Rs.3000/-	DM/DNB-Gastro
		Neurology	1	Rs.3000/-	DM/DNB-Neuro
		Cardiology	2	Rs.3000/-	DM/DNB-Cardio
		Neonetology	2	Rs.3000/-	DM/DNB-Neonat
		Endocrinology	1	Rs.3000/-	DM/DNB-Endo
		Haematology	2	Rs.3000/-	DM/DNB- Haemat
2	Surgery inclusive of Orthopedic	Onco Surgery	1	Rs.3000/-	M.Ch.- Onco-Surgery
		Cardio-Thoracic Vascular Surgery	2	Rs.3000/-	M.Ch.- CTVS
3	Ophthalmology	Retina Surgeon	1	Rs.3000/-	MS Ophthalmology And Fellow of National Board (Retina Specialty-FNB) OR Two years fellowships in Retina Specialty from reputed institute
4	Obs.& Gaynec & Radiology	Fetal Medicine Expert	2	Rs.3000/-	M.D./M.S./D.G.O. with Fellowship in Fetal Medicine (Obs & Gynec) OR M.D/DMRD with Fellowship in Fetal Medicine (Radiologist)

The interested candidates may send their application with resume containing details regarding 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's on or before 24/09/2015

Candidates should affix their recent photograph on application form.

The candidates fulfilling qualifications shall have to attach attested copies of the following documents along-with their application (1) Proof of Birth Date (2) Mark Sheet, Degree Certificates, Attempt Certificates, Registration Certificates Of Medical Council for all degree concerned (3) Experience Certificate (4) Research Publications (5) Photo ID Proof etc.

All candidates will have to bring original certificate for verification.

No.PRO/431/2015-16
Date: 31/08/2015

sd./- Milind Torawane
MUNICIPAL COMMISSIONER,
SURAT MUNICIPAL CORPORATION.

SURAT MUNICIPAL CORPORATION
Surat Municipal Institute of Medical Education and Research
APPLICATION FORM

Reference: Notice / Advertisement dated:

Post (Contract basis): Super specialty consultants

FACULTY: _____

NAME: _____
 SURNAME *FIRST NAME* *SECOND NAME*



DATE OF BIRTH:

D	D	M	M	Y	Y	Y	Y
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SEX: Male [] Female [] **NATIONALITY:** _____

CAST: S.C. [] ST [] S.E.B.C. [] GENERAL [] P.H. []

ADDRESS:

TELEPHONE NO (with STD code) :

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MOBILE NO :

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Email ID

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QUALIFICATION:

Sr. No.	Degree	Registration No (State council / MCI)	University	Year of Passing	% of Marks of Final Year	Attempt
1	M.B.B.S.					

2	M.D. / M.S.					
3	M.Ch/DM					
4	Other/Fellowship					

EXPERIENCE:

Sr. No.	Designation	Duration			Name of Institute / Medical college
		From	to	Total	
1.					
2.					
3.					
4.					

RESEARCH PUBLICATIONS: (if not applicable write N.A.)

No. of Publications	Name of Journal	
	National Journal	International Journal

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: SURAT

DATE:

SIGNATURE

Attested photocopies in following order		please tick (√)	
(1)	M.B.B.S. :	(a) Mark Sheet	
		(b) Attempt Certificate	
		(c) Degree Certificate	
		(d) Registration Certification	
(2)	M.B.B.S. (Diploma)	(a) Mark Sheet	
		(b) Attempt Certificate	
		(c) Degree Certificate	
		(d) Registration Certification	
(3)	MD/MS/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		

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)