



SUMANDEEP VIDYAPEETH

Piparia, Ta: Waghodia Dist: Vadodara

Ref No: SV/EXAM/M/7672/08/2019

Date: _____

FORMAT FOR FURNISHING DETAILS OF TEACHERS FOR EMPANELING AS EXAMINER IN MEDICAL FACULTY

Name of the Examiner : _____

Name of the College: _____

Address: _____

Phone No. _____

Fax: _____

E-mail: _____

Subject in which Examiner ship is Applied

Application for Examiner ship in MBBS MD/MS/Diploma M.Sc. Medical DM-M.Ch. Ph.D

Name & Designation	Date of Birth & Age	Res. Adds. & Telephone No. with code & Mobile No. E-mail and Fax No	Month & Year of Passing		Teaching Experience			PG Guide Yes or No ? If yes since how long	No of Years of PG Teacher/ Guide	Signature of the Teacher
			MBBS	MD/MS	Before MD/MS	After MD/MS	Total			

Does your college runs PG Courses Yes No

If yes since how long _____

The information furnished above is true and as per the Statutory norms _____ faculty is eligible for examiner ship in UG/PG of Medical faculty

Signature of the applicant & Date

Signature of the Head of the Department with Seal

Signature of the Head of the Institution with seal