

S. V. NATIONAL INSTITUTE OF TECHNOLOGY SURAT
Ichchhanath, Dumas Road, Surat 395007, Gujarat, India

ANNEXURE A

**ADVERTISEMENT for VISITING CONSULTANT AT HEALTH CENTRE THROUGH
STUDENT WELLNESS CLUB, SVNIT Surat**

1.	Name:	
2.	Date of Birth:	
3.	Mobile number:	
4.	Email id:	
5.	Correspondence Address:	
6.	Permanent Address:	
7.	Gujarat Medical Council Registration no.	

8. Educational Qualification:

	Exam	Year of Passing	Board/University	Grade
(a)				
(b)				
(c)				
(d)				
(e)				

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9. Experience (if any):

	Organization	Position	From	To	Total Experience
(a)					
(b)					
(c)					
(d)					

10. Declaration:

I, hereby, declare that the above information furnished by me are true and correct to
the best of my knowledge.

Place: _____

Date: _____ (signature)

List of Enclosures:

- (a) HSC mark sheet
- (b) School leaving Certificate
- (c) Relevant Degree certificates (MBBS/BDS, MD/MS, M.Sc., M.Phil. etc.)
- (d) Relevant Experience certificates
- (e) Photo ID card (Any one of Aadhar card/Election card/Passport/Driving license)