



**PG DIPLOMA IN**

**Medical Law, Policy and Ethics**

**By**

**Gujarat National Law University, Gandhinagar (GNLU)**

**And**

**Indian Medical Association, Gujarat State Branch**

PHOTO

**ADMISSION FORM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | | | | | | | |
| First Name | |  | | Middle Name |  | | Surname | |  | |
| Date of Birth | |  | | | Sex   * Male * Female * Others | | | | | |
| Nationality | |  | | | | | | | | |
| Category | | * GENERAL * SC * ST | | | | | | | | |
| MCI Number | |  | | | | | | | | |
| Address | |  | | | | | | | | |
| Street | |  | | | | | | | | |
| Postal code | |  | | | | | | | | |
| State | |  | | | City |  | | | | |
| Phone no. | |  | | | Country |  | | | | |
| Alternate Phone no. | |  | | | E-mail |  | | | | |
| Details of Employment/Practice | |  | | | | | | | | |
| **Academic Qualification** | **Degree** | | **University/Institute** | | **Month and Year of Passing** | **Subjects/P G Specialization** | | **Marks obtained out of the Total** | | **Percentage** |
|  |  | |  | |  |  | |  | |  |
|  |  | |  | |  |  | |  | |  |
|  |  | |  | |  |  | |  | |  |
|  |  | |  | |  |  | |  | |  |
|  |  | |  | |  |  | |  | |  |
|  |  | |  | |  |  | |  | |  |
|  |  | |  | |  |  | |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language skills** | | | | |
| Please list languages that you speak: | | | | |
| **Language** | | **Write** | **Read** | **Speak** |
| English |  | |  |  |
| Hindi |  | |  |  |
| Others (Please Mention) |  | |  |  |

**Instructions to Candidates**

1. Applicants are required to read the Regulations and Eligibility Criteria mentioned in the website of GNLU (Link for the Web Page: <https://gnlu.ac.in/GNLU/PG-Diploma-in-Medical-Law,-Policy-and-Ethics#parentVerticalTab1>)
2. Please use the latest coloured passport size photograph in the Application form.
3. Last date of Application 25/12/2022 by 05:00 PM.
4. Duly filled application along with the enclosures shall be mailed to [pgdmlpe@gnlu.ac.in](mailto:pgdmlpe@gnlu.ac.in)

|  |
| --- |
| **Enclosures** |

* An attested photocopy of Graduation mark sheet and degree.
* Proof of and MCI/State Medical Council Registration.

Signature and Name of the Candidate

Date:

Place:

For any further queries write to [pgdmlpe@gnlu.ac.in](mailto:pgdmlpe@gnlu.ac.in)