



# गुजरात केन्द्रीय विश्वविद्यालय

(भारत की संसद के अधिनियम सं. 25, 2009 के तहत स्थापित)

## CENTRAL UNIVERSITY OF GUJARAT

(Established by an Act of Parliament of India, No. 25 of 2009)

F.No.9-46 (1)/2026-Admn. /443

Date: 20/08/2026

### WALK - IN - INTERVIEW

▲ Walk-in-Interview will be scheduled to be held on 31<sup>st</sup> August, 2026 (Monday) for appointment of "Consultant Doctor (Male)" on purely contract basis in the Central University of Gujarat, Kundhela, Taluka-Dabhoi, Vadodara for a period of Six Months as follows:

1. **Name of the Post:** Consultant Doctor - Male (purely contractual basis)
2. **Remuneration:** Consolidated remuneration of ₹.80,000/- (Rupees Eighty Thousand only) per month.
3. **Contract Period:** The appointment shall be purely on contractual basis for an initial period of six (06) months. The contract may be extended based on the satisfactory performance of the incumbent and requirement of the University.
4. **Age Limit:** Not exceeding 40 years as on the date of the Walk-in Interview.
5. **Essential Qualifications:** Candidates should possess either of the following qualifications:

- (i) Post Graduate Degree in Medicine from a recognized Institution approved by the Medical Council of India.

**OR**

- (ii) MBBS Degree recognized by the Medical Council of India with minimum two years' relevant working experience in:

+ Government Hospital; or

\* Hospital recognized by the Government; or

\* Corporate Hospital.

### 6. Walk-in Interview Details:

- ❖ **Date of Interview:** 31<sup>st</sup> August, 2026, Monday
- ❖ **Venue :** Administrative Block, Central University of Gujarat, Kundhela, Vadodara
- ❖ **Reporting Time :** 11:00 a.m.



कुंदहेला, तालुका-डभोई, वडोदरा-३९११०७, गुजरात  
Kundhela, Taluka-Dabhoi, Vadodara-391107, Gujarat  
Email: [registrar@cug.ac.in](mailto:registrar@cug.ac.in), website: [www.cug.ac.in](http://www.cug.ac.in)





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(भारत की संसद के अधिनियम सं. 25, 2009 के तहत स्थापित)

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### 7. General Instructions:

- ❖ The engagement is purely contractual and shall not confer any claim for regular appointment in the University.
- ❖ Interested and eligible candidates must report at the venue on the scheduled date with: Duly filled application form.
- ❖ Original certificates and self-attested photocopies of educational qualifications and experience certificates.
- ❖ Proof of age and valid photo identity proof.
- ❖ Two recent passport-size photographs.
- ❖ Candidates must satisfy themselves that they fulfil the prescribed eligibility criteria before appearing for the interview.
- ❖ No TA / DA shall be admissible for attending the Walk-in Interview.
- ❖ The University reserves the right to cancel, modify, or withdraw this recruitment process or alter the terms and conditions of engagement without assigning any reason. The decision of the University in all matters relating to this recruitment shall be final.

Registrar (I/c.)

**Encl:** Prescribed application format as per Annexure-I

### Copy:

1. Medical Officer, Central University of Gujarat, Kundhela, Vadodara
2. ICT Chairperson – With request to upload University website



कुंदेला, तालुका-डभोई, वडोदरा-३९११०७, गुजरात

Kundhela, Taluka-Dabhoi, Vadodara-391107, Gujarat

Email: [registrar@cug.ac.in](mailto:registrar@cug.ac.in), website: [www.cug.ac.in](http://www.cug.ac.in)





ગુજરાત કેન્દ્રીય વિશ્વ વિદ્યાલય  
**CENTRAL UNIVERSITY OF GUJARAT**  
 (Established by an Act of Parliament of India, No 25 of 2009)  
**Village: Kundhela, Taluka: Dabhoi, District: Vadodara**  
 e-mail: [registrar@cug.ac.in](mailto:registrar@cug.ac.in), website: [www.cug.ac.in](http://www.cug.ac.in)

**Photograph  
of  
Candidate**

### Application Form for Consultant Doctor - Male (on contract basis)

|                                                                                       |                                                                                                                                                      |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Candidate<br>(Full in Capital)                                                |                                                                                                                                                      |
| Date of Birth<br>(DD/MM/YYYY)                                                         | ___ / ___ / ____                                                                                                                                     |
| Gender                                                                                | Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>                                                   |
| Marital Status                                                                        | Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorcee <input type="checkbox"/> Other <input type="checkbox"/>                 |
| Communication Address                                                                 |                                                                                                                                                      |
| Mobile No.                                                                            |                                                                                                                                                      |
| Email                                                                                 |                                                                                                                                                      |
| Category                                                                              | General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Other <input type="checkbox"/> |
| Nationality                                                                           |                                                                                                                                                      |
| Qualifications                                                                        | Particulars                                                                                                                                          |
| UG                                                                                    | _____ marks obtained out of _____, ( ____ %)                                                                                                         |
| PG                                                                                    | _____ marks obtained out of _____, ( ____ %)                                                                                                         |
| Gujarat Medical Council<br>(GMC) / Medical Council of<br>India (MCI) Registration No. |                                                                                                                                                      |
| Any Other Qualification                                                               | _____ % _____ Year                                                                                                                                   |
| Experience                                                                            |                                                                                                                                                      |

I hereby declare that all entries made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my candidature is liable to be cancelled/ my appointment is liable to be terminated.

**Place:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of the Candidate**