

THE GUJARAT CANCER & RESEARCH INSTITUTE
NEW CIVIL HOSPITAL CAMPUS, ASARWA, AHMEDABAD-380 016

Phone No: 079-2268 8012

Fax No. 079-2268 5490

APPLICATION FORM

Affix Photograph
here

Post Applied for:

Full Name of the Candidate as per Adhar Card: _____

Postal Address as per Adhar Card : _____

City: _____ Pincode: _____ State: _____

E-mail Address : _____

Mobile No : _____ **Residence :** _____

Date of Birth : _____ **Age :** _____ **years (As on 05-09-2022)**

Marital Status : **Single / Married** **Nationality :** _____

Gender : **Male** **Female** ***Handicap**

Caste : **General** **SC** **ST** **OBC** **EWS**

Non-Creamy Layer Certificate No. : **Certificates Date:**

Academic Details (from SSC or Equivalent onwards)

Examination SSC/HSC/Diploma/Degree/ Computer/ Others	Faculty	Board / University	% of marks/Class/ Grade / Rank	Main Subjects	Year of Passing	Attempt
S.S.C.						
H.S.C.						
Diploma						
Degree						
Post Graduate Degree						
Super Speciality						
Any Other						

Computer Literacy (Description of Computer Knowledge):

Council Registration Number with State: (If Applicable)

BAMS / BHMS / MBBS / MD / MS / D.M / M.Ch / Dental / Nursing / Pharmacy & Other (Name:_____)

Registration No. Under Graduate: _____ Post Graduate: _____ State. _____

Work Experience (start with your recent employment):

Name of the Organization / Institute & Place	Government Sector/ Private	Designation / Nature of work	Period			Monthly Salary Rs.	Reason for Change
			From	To	Total Years		

Language Proficiency (Tick Mark the Appropriate Column):

Sr. No.	Language	Satisfactory	Good	Excellent
1	English			
2	Hindi			
3	Gujarati			
4				
5				

Any Other Details/ Remark/ Course/ Speciality/ Achievement & Present Job Description (Role & Responsibilities):

Details of Research Paper Publication / Acceptance (Start with Recent) for Teaching Post:

State/ National / International Journal	No. of Paper	Published year	Name of Journal	Indexed (Yes/No)	Name of Article (attach list separately)	Verify by concern HOD use
1	2	3	4	5	6	7

Present & Expected Salary Package

	Present(Rs.)		Expected (Rs.)	
	Gross	Net	Gross	Net
Salary & Allowances (p.m.)				

Provide Names, Designations and Phone Nos. of Two References who you know and / or your work and whom we can contact directly for reference.

- _____
- _____

Undertaking

I declare that information stated above are true to the best of my knowledge. If above information is found to be false, I am bound to obey the decision of selection committee.

Place: _____

Date: _____

Signature: _____

**❖ Application Form should be submitted along with documents mention 1 to 12 below
otherwise Application Form will be outrightly rejected.**

- ❖ Application Form
- ❖ Detailed Bio-data.
- ❖ Adhar Card.
- ❖ PAN Card.
- ❖ School Leaving Certificate / Birth Certificate.
- ❖ S.S.C, H.S.C Passing Certificate & Marksheet
- ❖ Caste Certificate.
- ❖ Income Certificate for EWS (Economically Weaker Section) Quota.
- ❖ All educational qualifications with Photocopies of Mark Sheets.
 - NMC Registration of Graduation / Post Graduation.
 - Gujarat State Medical Council Registration / or other State's Medical Council Registration.
 - Attempt Certificate of Graduation, Post Graduation.
- ❖ Degree Certificate.
- ❖ All Experience Certificates.
- ❖ NOC from Present Employer.