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

Phone No: 079-2268 801	2 Fax No. 079-2268 5490	
	APPLICATION FORM Affix Photog	graph
Post Applied for:		
	ndidate as per Adhar Card: per Adhar Card :	
E-mail Address	City:Pincode:State:	
Mobile No	: Residence :	
Date of Birth	Age :years (As on <u>23-02-2023)</u>	
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/Deg ree/ 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						

#### 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	То	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**

	Preser	nt(Rs.)	Expecte	d (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.

1. \_\_\_\_\_

2. \_\_\_\_\_

## <u>Undertaking</u>

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.

# <u>\* If you want to apply for two or more posts than you have to be filled separate</u> application forms for each posts.