

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 24-06-2024)**

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.

1. Application Form
2. Detailed Bio-data
3. Adhar Card
4. PAN Card
5. School Leaving Certificate / Birth Certificate
6. S.S.C, H.S.C Passing Certificate & Marksheet
7. Caste Certificate (certificate is mandatory if applicable for OBC, ST, SC)
8. Income Certificate for EWS (Economically Weaker Section) Quota (if applicable)
9. All educational qualifications with Photocopies of Mark Sheets
 - a. NMC Registration of Graduation / Post Graduation.
 - b. Gujarat State Medical Council Registration / or other State's Medical Council Registration.
 - c. Attempt Certificate of Graduation, Post Graduation.
10. Degree Certificate
11. All Experience Certificates (If experience certificate mention in Recruitment Rules then certificate is mandatory)
12. NOC from Present Employer

*** If you want to apply for two or more posts than you have to fill separate application forms for each posts.**