Walk in Interview

A JOINT VENTURE OF GOVERNMENT OF GUJARAT AND THE GUJARAT CANCER SOCIETY

THE GUJARAT CANCER & RESEARCH INSTITUTE

(M. P. SHAH CANCER HOSPITAL)

STATE CANCER INSTITUTE

Affiliated to B. J. Medical College, Ahmedabad

(Recognised by Ministry of Health & Family Welfare, Government of India)

E-Mail: director@gcriindia.org **Website:** www.gcriindia.org **Phone:** 91 - 79 - 2268 8000

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**

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						
Any Other						

Computer Literacy (Description of Computer Knowledge):

_____

_____

AERB RP Registration Number:_____

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):

_____

_____

_____

_____

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.

1. _____
2. _____

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 01 to 08 below otherwise Application Form will be rejected.**

1. Application Form
2. Detailed Bio-data
3. Adhar Card, PAN Card
4. School Leaving Certificate / Birth Certificate
5. S.S.C, H.S.C Passing Certificate & Mark sheet
6. All educational qualifications with Photocopies of all Mark Sheets & Degree Certificate
    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.
7. All Experience Certificates (If experience certificate mention in Recruitment Rules then certificate is mandatory)
8. NOC from Present Employer

For any further queries contact on email: hr@gcriindia.org & Phone: 079-2268 8119 / 079-2268 8135