

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: Hospital Arogya Mitra – Siddhpur Cancer Care Center

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 14-12-2018)**

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

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

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

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

Academic Details (from SSC or Equivalent onwards)

Examination SSC/HSC/Diploma/Degree/ Computer/ Others	Board / University	% of marks/Class/ Grade / Rank	Main Subjects	Year of Passing	Attempt

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**

Registration No. _____ State. _____

Work Experience (start with your recent employment):

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

Job Description (Role & Responsibilities of the Present Job):

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

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

Sr. No	Name of the Journal	Topic	Month & Year	National / International	Publication Acceptance	As a 1 st Author
						2 nd Author
						3 rd Author
						4 th Author

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. _____

Declaration: I hereby declare that all the details furnished in this form are true in every respect and I take full responsibility for the contents and consequences of this declaration.

Place: _____

Signature: _____

Date: _____