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 Photograph here
Post Applied for:	
	ndidate as per Adhar Card: er Adhar Card :
	City:Pincode:State:
E-mail Address	:
Mobile No	: Residence :
Date of Birth	:Age : years (As on <u>21-01-2025)</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.)	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. _____

<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 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 & Mark sheet
- 7. Caste Certificate as per Govt. of Gujarat rules (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