



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 (As on **07-08-2026**)

Marital Status : Single / Married Nationality : _____

Gender : Male ☐ Female ☐ *Handicap ☐

Caste : General ☐ SC ☐ ST ☐ OBC ☐ EWS ☐

Non-Creamy Layer : ☐ 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 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. All educational qualifications with Photocopies of Mark Sheets
9. Degree Certificate
10. AERB RP Registration Number
11. All Experience Certificates (If experience certificate mention in Recruitment Rules then certificate is mandatory)
12. NOC from Present Employer