THE GUJARAT CANCER & RESEARCH INSTITUTE NEW CIVIL HOSPITAL CAMPUS, ASARWA, AHMEDABAD-380 016

Phone No: 079-2268 8012

Fax No. 079-2268 5490

Post Applied for:	A	PPLICATION FORM	Λ			hotograph nere	
Full Name of the (Candidate as	per Adhar Card:					
		ard :					
		Pincode:		State:			
E-mail Address Mobile No		D					
Date of Birth		:Age :years (As on <u>09-09-2024)</u>					
Marital Status :							
Gender :		Female / *Hand					
Caste :	General	🗀 sc 🗔 st 🗔	OBC	EWS 🗌			
Non-Creamy Layer : 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							

1

Council Registration Number with State: (If Applicable) 3AMS / BHMS / MBBS / MD / MS / D.M / M.Ch / Dental / Nursing / Pharmacy & Other									
Name:) Registration No. Under Graduate:		Post Grad	Sta	ate					
Vork Experience (start	with your re	ecent employm	ent):				T		
Name of the Organization / Institute & Place	Government Sector/ Private	Designation / Nature of work	Period			Monthly Salary Rs.	Reaso for Chang		
			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):

2

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.

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: _____

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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

<u>* If you want to apply for two or more posts than you have to fill separate application</u> forms for each posts