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**Application
for
Two Year Post Graduate Oncology Fellowship Programme**
Academic Session : July 2018 - June 2020

1. Discipline (tick):

- Surgical Oncology Medical Oncology Head & Neck Oncology
 Gynaecologic Oncology Onco Pathology

2. Category (tick) : General / Sponsored

3. Applicant (use capital letters)

(First Name).....(Middle Name)..... (Surname).....

4. Date of Birth (dd/mm/yyyy):....., **5. Gender (tick):** Male / Female

6. Qualification:.....

7. Phone: **8.Email:**

9. Nationality:

10. Father's Name:.....

11. Permanent Address:
.....
.....

12. Address for Communication:
.....
.....

13. Details of Sponsorship:

- I. Sponsoring authority:
.....
II. Reference of Authorization letter:
.....

14. Application Fee Details:

Name of Bank	DD Number	Issue Date	Amount

15. Documents attached to Application Form (Tick):

- HSLC/HS pass Certificate/Birth Certificate as proof of Date of birth
- MBBS Degree Certificate/ Provisional Certificate
- MD/MS/DNB Degree Certificate in the concerned specialty
- Permanent Registration Certificate of MBBS/MS/DNB issued by MCI or any State Medical Council
- One ID Proof (PAN card/Driving license/ Voter ID/ Passport/ Aadhar Card)
- NOC (in case of employed candidates)
- Bank Draft

Declaration:

I hereby declare that the above information are true and correct to the best of my knowledge and belief.

Place:

Date:

Signature of Applicant