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**Application
For
THREE YEARS COMPETENCY BASED SENIOR RESIDENCY CUM TMC FELLOWSHIP IN DIFFERENT
SUBSPECIALTIES OF ONCOLOGY
Academic Session: 2025-2026**

1. Discipline (tick):

- ☐ Surgical Oncology ☐ Medical Oncology ☐ Head & Neck Surgery
☐ Gynaecological Oncology ☐ Onco Pathology

2. Category (tick) : ☐ Govt- Sponsored (Non-stipendiary) ☐ Self- Sponsored (Stipendiary)

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:
.....
.....Mobile no.....

12. Address for Communication:
.....
.....Mobile no.....

13. Details of Sponsorship:

I. Sponsoring authority:

.....

II. Reference of Authorization letter:

.....

14. Application Fee Details:

.....

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)
- ☐ Bio-data
- ☐ RTGS Receipt copy

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