



DR. BHUBANESWAR BOROOAH CANCER INSTITUTE
A GRANT-IN-AID INSTITUTE OF DEPARTMENT OF ATOMIC ENERGY, GOVT. OF INDIA
AND A UNIT OF TATA MEMORIAL CENTRE (MUMBAI)
Gopinath Nagar, Guwahati- 781016
Assam, India

No.BBCI-TMC/Aca-Pt-III/ **1623** /2020

Date: **18/09/2020**

LIST OF CANDIDATES, AGAINST VACANT SEATS FOR ADMISSION INTO VARIOUS **PARA MEDICAL COURSES** AT DR. B. BOROOAH CANCER INSTITUTE FOR THE ACADEMIC SESSION 2020-2021 ARE AS FOLLOWS:

[A] TWO AND HALF YEARS DIPLOMA PROGRAMME IN MEDICAL LABORATORY SCIENCES, 2020

Selected candidates:

1. Rakib ahmed
2. Himangshu Deka
3. Mrinmoy Deka

Waiting List candidates:

1. Gyanadeep Parashar
2. Dheeraj Jyoti Das
3. Pranjit Lahkar
4. Bhawa Ranjan Borah
5. Ashik Elahi
6. Bishal Deka
7. Madhusmita Saharia
8. Pranjal Kumar Nath
9. Binoy Boruah

[B] TWO YEARS DIPLOMA PROGRAMME IN ANAESTHESIA TECHNICIAN, 2020

Selected candidates:

1. Dipankar Keot
2. Jumi Kalita
3. Sagar Barman

Waiting candidates:

1. Niyam Baishya
2. Kuldeep Goswami
3. Nirban Barman
4. Binoy Baruah
5. Gulshuhana Ahmed
6. Snigdha Deka
7. Rekitab Ahmed
8. Chinmoy Kashyap
9. Lucky Gogoi
10. Bishal Deka
11. Kankan Kumar Bhattacharyya
12. Anamika Boro

[C] TWO YEARS DIPLOMA PROGRAMME IN RADIOTHERAPY TECHNOLOGY, 2020

Selected candidates:

1. Madhusmita Saharia
2. Dhruvajyoti Parsi
3. Munmi Borah
4. Bikash Baishya

Waiting Candidates:

1. Barasha Kalita
2. Ankur Jyoti Kalita
3. Sanjay Deka
4. Dimpisree Saharia
5. Ashwini Sarma
6. Doli Deka

[D] ONE YEAR DIPLOMA PROGRAMME IN OT & CSSD TECHNOLOGY,2020

Selected candidates:

1. Madhusmita Roy
2. Dhruva Jyoti Boro

Waiting Candidates:

1. Bhawa Ranjan Bora
2. Abhijit Kumar Rai
3. Sahidul Ali
4. Kishore Chetia
5. Rishov Deka
6. Gunajit Das
7. Bitopan Deka
8. Gyanadeep Parashar
9. Dibyajyoti Gogoi
10. Dwipandita Saloi
11. Silpisikha Das

Verification of original documents and Admission: From 21st September 2020 to 25th September 2020 (From 10.00 am to 4.00pm)

The candidates are to bring duly filled undertakings and medical certificate by registered medical practitioner formats of which are attached herewith.

Commencement of classes: As per directive of SSUHS/Govt .of Assam.



Director
Dr. B Borooh Cancer Institute
Guwahati-16

ANNEXURE - I

UNDERTAKING BY THE CANDIDATE/STUDENT

- 1) I,.....S/o D/o of
Mr./Mrs/Ms.....,having been admitted to
....., have received a copy of the UGC
Regulations on Curbing the Menace of Ragging in Higher Educational Institutes,2009' (hereinafter
called the "Regulations") carefully read and fully understood the provisions contained in the said
Regulations.

- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

- 3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the
penal and administrative action that is liable to be taken against me in case I am found guilty of or
abetting ragging, activity or passively, or being part of a conspiracy to promote ragging.

- 4) I hereby solemnly aver and undertake that-
 - a) I will not indulge in any behaviour or act that may constituted as ragging under clause 3 of the
Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may
be constituted as ragging under clause 3 of the Regulations.

- 5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the
Regulations, without prejudice to any other criminal action that may be taken against me under any
penal law or any law for the time being in force.

- 6) I hereby declare that I have not been expelled or debarred from admission in any institution in the
country on account of being found guilty of abetting or being part of a conspiracy to promote, ragging;
and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is
liable to be cancelled.

Declared thisday of month ofyear.

.....
Signature of deponent
Name :

ANNEXURE - II

UNDERTAKING BY THE PARENT/GUARDIAN

- 1) I, Mr./Mrs./Ms.....
 Father/mother/guardian of,
 have been admitted to , have received a copy of the
 UGC Regulations on Curbing the Menace of Ragging in Higher Educational
 Institution, 2009, (hereinafter called the "Regulation"), carefully read and fully understood the
 provisions contained in the said Regulations.

- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes
 ragging.

- 3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the
 penal and administrative action that is liable to be taken against me in case I am found guilty of or
 abetting ragging, activity or passively, or being part of a conspiracy to promote ragging.

- 4) I hereby solemnly aver and undertake that -
 - a) My ward will not indulge in any behaviour or act that may constitute as ragging under clause 3
 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of commission or
 omission that may be constituted as ragging under clause 3 of the Regulations.

- 5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause
 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my
 ward under any penal law or any law for the time being in force.

- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution
 in the country on account of being found guilty of abetting or being part of a conspiracy to promote,
 ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my
 ward is liable to be cancelled.

Declare this.....day ofmonth ofyear.

.....
 Signature of deponent

Name:

Address:

Telephone/Mobile No.:

Health/Medical Information Form
(PLEASE WRITE IN BLOCK LETTERS)

Name of the candidate : _____

Name of the father : _____ Name of mother : _____

Residential address : _____

MEDICAL INFORMATION

Blood Group : _____

History of any major illness (if any) : _____

Allergies to medicine or food (if any) : _____

MEDICAL FITNESS CERTIFICATE:

(Doctor's Name, Qualification and Regd. No. to be mentioned)

Seal & Signature of Doctor /Physician with Registration Number

Signature of Applicant

Signature of Guardian