



Regional Cancer Centre, Thiruvananthapuram

PROFORMA TO BE FILLED BY THE CANDIDATES

Name of the Course applied for	
Name of the Applicant (in block letters)	
Age & Date of Birth	
Whether belong to SC/ST/OBC/General (Please Specify Religion & caste)	
Address for Communication with pincode	Permanent Address
	Contact No:

Educational Qualifications:

Name of Examination passed	Board / University	Reg.No	Year & month of Passing

Experience:

months/ years

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I hereby declare that the above entries are true to the best of my knowledge and belief

Place:

Date:

SIGNATURE