



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

Phone No: 079-2268 8008

Fax No. 079-2268 5490

**APPLICATION FORM**

Affix Photograph  
here

Post Applied for: \_\_\_\_\_

Full Name of the Candidate : \_\_\_\_\_

Postal Address : \_\_\_\_\_

City: \_\_\_\_\_ Pincode: \_\_\_\_\_ State: \_\_\_\_\_

E-mail Address : \_\_\_\_\_

Mobile No : \_\_\_\_\_ Residence : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_ years ( As on 31.05.2014 )

Marital Status : Single / Married Nationality : \_\_\_\_\_

Gender : Male ☐ Female ☐ \*Handicap ☐

Caste : General ☐ SC ☐ ST ☐ OBC ☐

**Academic Details (from SSC or Equivalent onwards)**

Examination SSC/HSC/Diploma/Degree/ Computer/ Others	Year of Passing	Board / University	% of marks/Class/ Grade / Rank	Main Subjects

**Computer Literacy (Description of Computer Knowledge) :**

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**Council Registration Number with State: (If Applicable)****BAMS / BHMS / MBBS / MD / MS / D.M / M.Ch / Dental / Nursing / Pharmacy & Other****Registration No.** \_\_\_\_\_ **State.** \_\_\_\_\_**Work Experience (start with your recent employment):**

Name of the Organization / Institute & Place	Designation / Nature of work	Period			Monthly Salary Rs.	Reason for Change
		From	To	Total Years		

**Job Description (Role & Responsibilities of the Present Job):**

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**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**

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**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. \_\_\_\_\_

**Declaration:** I hereby declare that all the details furnished in this form are true in every respect and I take full responsibility for the contents and consequences of this declaration.

Place : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_