

Super Specialty Cancer Institute & Hospital

अति विशिष्ट कैंसर संस्थान एण्ड अस्पताल

C.G. City, Sultanpur Road, Lucknow-226002

सी०जी० सिटी, सुल्तानपुर रोड, लखनऊ- 226002

(An Autonomous Institute of the Govt. of Uttar Pradesh)

(उत्तर प्रदेश सरकार का स्वायत्तशासी संस्थान)

Email: humanresource.sscih@gmail.com

Application form for JR (Non-Academic), JR HA, Senior Resident, Medical Physics Resident

Paste Self Signed
Passport Size
Coloured
Photograph
DO NOT STAPLE

RTGS payment amount and date (enclose receipt)

Signature of Candidate

1. Specialty (**applicable for Medical Physics Resident Only**)

2. First Name

Middle Name

Surname

3. Mother's Name

Father's Name

4. Date of Birth (DD/MM/YY)

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Age as on date of application

5. Gender: Male/Female/Transgender

Marital Status (Single, Married, Widow, Divorced, Separated)

6. Aadhaar No

PAN Number

7. Mailing address

Phone:

Mobile:

E-Mail:

8. Permanent address

Phone:

Mobile:

E-Mail:

9. Category (SC=1, ST=2, OBC=3, Gen=4)

10. State of Domicile

11. MBBS/BDS Registration Number

Date

Name of Medical Council / Dental Council

12	Academic Qualification – Fill all as applicable					
	Examination Passed	Institution	Subject	Year	% Marks/Division	Attempts
A	Year 10 (High School)					
B	Year 12 (Intermediate)					
C	Graduation – B.Sc., BDS, MBBS					
D	Reg. of MBBS/BDS in Medical / Dental Council					
E	Post Graduation – MD, MS, M.Sc. MHA, DNB, Others					
F	Reg. of PG Degree in Medical / Dental Council					

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13	Employment details				
S.L.	Post Held	Institution	University/Organization/ Institute	From	To
G	Sub-Specialty – DM, M.Ch. Ph.D, FNB, Others				
14	MBBS/BDS/ MHA/ M.Sc. degree recognition status : Yes / No				

Write below the names of at least one references from your PG/Graduate level Period (not less than three names)

S.N.	Period	PG/SR	Name	Address	Telephone/Mobile	Email
1.						
2.						
3.						
4.						
5.						

Only if currently employed, get your application forwarded by the head of the institution (competent authority) as under OR attach a 'No Objection Certificate':

Certified that undersigned has no objection in forwarding the application of Dr /Shri/ Smt. _____

Dated.....

Signature & Seal of Head of Institution

Miscellaneous information

1. Existing Bank account details: Name of Bank

A/C Number

IFSC

2. Immunization status for Hepatitis B:

Declaration:

I, hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I, solemnly affirm that if any material fact has been suppressed by me, my candidature shall stand immediately cancelled without any notice. In this matter decision of the admitting Institute shall be final and binding on me.

Place :

Date :

Signature of the Candidate

Documents to be attached with the application form:

Copy of RTGS / NEFT in original / computer print outs

Self-certified copy of, ID Proof (Any one- PAN card; Passport; DL; Voter ID card; Aadhaar card etc.)

Address proof: (Any one- Passport; DL; Voter ID card; Aadhaar card etc.)

Matriculation certificate/ age proof or any authentic age proof certificate.

Four recent passport size photos, facing the camera, face fully visible

Class Year 10 (High School) and Year 12 (Intermediate) certificates

MBBS/MD/MS/MDS/DNB/MHA mark sheet/degree and pass certificate; internship completion certificate & MCI /DCI State Medical Council registration proof.

a. Attempt certificate.

b. Certificate/Proof of MBBS/BDS/MHA/M.Sc. degree recognition by MCI /DCI / UGC recognized University.

c. Evidence of work experience

d. Reservation category certificate from competent authority within the last 6 months, if claiming reservation

Candidate needs to produce the above-mentioned documents in original at the time of the interview, in the absence of which S/he will NOT be considered.