

# KAILASH CANCER HOSPITAL AND RESEARCH CENTRE MUNI SEVA ASHRAM

AT- GORAJ, TA. VAGHODIA, DIST. VADODARA – 391760 PH. 02668-265300, 268004

## Application form For Fellowship in Onco-Pathology For Year: \_\_\_\_\_

Date of Application: \_\_\_\_\_

|                                       |  |
|---------------------------------------|--|
| <b>Name of Candidate</b>              |  |
| <b>Age</b>                            |  |
| <b>Sex</b>                            |  |
| <b>Date of Birth<br/>(dd/mm/yyyy)</b> |  |
| <b>Residential Address</b>            |  |
| <b>Postal Address</b>                 |  |
| <b>Mobile</b>                         |  |
| <b>Email</b>                          |  |
| <b>Emergency Contact</b>              |  |

### Academic Detail

| No | Qualification | Institute / university | Year of Passing |
|----|---------------|------------------------|-----------------|
|    |               |                        |                 |
|    |               |                        |                 |
|    |               |                        |                 |
|    |               |                        |                 |

## Experience

| No | Institute | Position | Duration |    |
|----|-----------|----------|----------|----|
|    |           |          | From     | To |
|    |           |          |          |    |
|    |           |          |          |    |
|    |           |          |          |    |
|    |           |          |          |    |

**Registration No:**

**MCI:** \_\_\_\_\_ **Gujarat Medical Council:** \_\_\_\_\_

**Publication: Please Attach list**

**Application Fees: Rs 2360      Date:** \_\_\_\_\_

**Cheque/DD/Online Transaction No:** \_\_\_\_\_

**Bank name:** \_\_\_\_\_

**\*\*Cheque / Demand Draft of Rs. 2,000/- +18% GST as Application Fees should be made in favour of "Kailash Cancer Hospital & research Centre" payable at Goraj Branch**

**Online Transaction (Transaction Detail/Receipt Required on Submission):**

**Name:** Kailash Cancer Hospital & Research Centre

**A/C No. :** 10602127781, **Bank Name:** State Bank of India, **IFSC Code:** SBIN0009483

**\*\* Please attach all the documents which are mentioned below**

The above details are true and best of my knowledge. I understand that any misrepresentation of facts may be called for disciplinary action.

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

Name : \_\_\_\_\_

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

Please affix your  
recent passport size  
photograph

**Post Your Application Form On This Address:**

**The Course Coordinator, HR Department, Muni Seva Ashram, 12, Bluechip Complex, Opp. Parsi Agiyari, Rajshree Cinema Street, Sayajigunj, Vadodara – 390005. Gujarat, India.**

**Document Required:**

- **Degree Certificate (Graduate & PG), Two Passport Size Photograph, One Identity Proof, Residential Proof, Registration Certificate (if any).**