

# **APPLICATION FORM**

## **ONE YEAR FELLOWSHIP COURSE IN GERIATRIC ONCOLOGY**

Name of the Candidate \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address of Correspondence  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_ Mob \_\_\_\_\_ Email ID \_\_\_\_\_

Educational qualification: kindly get original degree certificates at the time of Joining

| Degree | College | University | Year of Passing |
|--------|---------|------------|-----------------|
| MBBS   |         |            |                 |
| MD     |         |            |                 |
| DNB    |         |            |                 |

Present Designation / Occupation:  
\_\_\_\_\_

Post MD/DNB experience (kindly get experience certificate at the time of Interview)

| Post | Place | From | To | Reason for leaving |
|------|-------|------|----|--------------------|
|      |       |      |    |                    |
|      |       |      |    |                    |
|      |       |      |    |                    |

Publications (kindly get copy of each of your publication at the time of Joining)

| Authors | Title | Journal |
|---------|-------|---------|
|         |       |         |
|         |       |         |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Presentations at conferences: Kindly get certificates of your presentations at the time of Joining

| Title | Conference |
|-------|------------|
|       |            |
|       |            |
|       |            |

Proposed project work (any 3 areas of interest)

| Area of interest | Proposed specific area of interest with title of project work |
|------------------|---|
|                  |   |
|                  |   |
|                  |   |

References: Details of 3 references

| Name | Place of work | Contact details Email and Mob No. |
|------|---------------|-----------------------------------|
|      |               |                                   |
|      |               |                                   |
|      |               |                                   |

**Application Form Fee** - Rs 1000 /- (non refundable)  
**Course fee** - Rs 80,000 /- per year including GST (for Indian Nation)  
Rs 1,00,000/- per year including GST (for Foreign Nation)

**payment details of Entrance Examination Fee:**

Fee can be deposited through Net Banking, E Banking , Bank details for NEFT / RTGS payment –

**Bank Account number** : 32488068400  
**Beneficiary Name** : BHAGWAN MAHAVEER CANCER HOSPITAL AND RESEARCH CENTRE  
**Address** : OPP. MNIT, J.L.N. MARG, JAIPUR-17  
**Bank & Branch Name** : STATE BANK OF INDIA  
**Bank Address** : CALGARY EYE HOSPITAL PREMISES MALVIYA NAGAR, JAIPUR RAJASTHAN-302017.  
**MICR Code** : 302002009.  
**Branch Code** : 06912  
**IFSC Code** : SBIN0006912

Interested candidates fulfilling eligibility criteria should completed the application form online as per instructions. The hardcopy of application along with copies of all relevant certificate and documents are required to bring at the time of exam/interview/admission.

Kindly scan the filled applications forms and send to below given details:-

- Filled form along with CV to: [hrd@bmchrc.com](mailto:hrd@bmchrc.com), / director's office [seema.atal@bmchrc.com](mailto:seema.atal@bmchrc.com)
- For query regarding course/training program please contact to Program Director (Dept of Geriatric oncology) on mobile No 9819081403 and email id- [tarachandg@gmail.com](mailto:tarachandg@gmail.com)
- For accounts related query and confirm the transaction please contact No. 0141-2700107 Ext 515 Mobile No. 6377136757 and email ID- [bmchrcfin@gmail.com](mailto:bmchrcfin@gmail.com) (accounts Dept)

**Check list of certificates/others to be presented on the date of interview**

1. MBBS/MD/DNB Degree certificates
2. Permanent Registration RMC/MCI
3. Experience certificates
4. Publications copy
5. Conference presentations certificates
6. Two Photographs
7. Date of Birth Certificate
8. ID Proof PAN, AADHAR or voter ID

**Name & Signature of candidate**