

APPLICATION FOR POST DOCTORAL CERTIFICATE
COURSE IN ONCOSURGICAL PATHOLOGY

1. PDCC applied for: _____
2. Name of the candidate: _____
3. Date of Birth: _____
4. Address of correspondence: _____

5. Email ID: _____
6. Tel _____ Mob _____
7. Educational qualification: kindly get original degree certificates at the time of Interview

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

8. Present Designation / Occupation: _____
9. Post MD Experience (kindly get experience certificate at the time of Interview)

| Post | Place | From | To | Reason forleaving |
|------|-------|------|----|-------------------|
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10. Publications (kindly get copy of each of your publication at the time of Interview)

| Authors | Title | Journal |
|---------|-------|---------|
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11. Presentations at conferences : Kindly get certificates of your presentations at the time of Interview

| Title | Conference |
|-------|------------|
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12. Proposed project work (any 3 areas of interest)

| Area of interest (Surgical Oncopathology) | Proposed specific area of interest with title of project work |
|---|---|
| | |
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13. References: Details of 3 references

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

14. Entrance Examination fee – Rs 5000 /-

15. PDCC Course Fees: Rs. 75,000 /-to BMCHRC

16. ICP Fees: 11,000/- (Within Two days after selection)

17. Payment details of Entrance Examination Fee :

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

Bank Account number: 674805000020

Beneficiary Name: BHAGWAN MAHAVEER CANCER HOSPITAL AND RESEARCH CENTRE

Address: OPP. MNIT, J.L.N. MARG, JAIPUR-17

Bank & Branch Name : ICICI BANK LTD., JAIPUR BMCHRC BRANCH

Bank Address: BHAGWAN MAHAVEER CANCER HOSPITAL AND RESEARCH CENTRE, JAWAHAR LAL NEHRU MARG, JAIPUR RAJASTHAN-302017.

MICR Code: 302229063.

Branch Code: 6748

IFSC Code: ICIC0006748



Kindly scan the filled application forms and Email the filled form, CV and Transaction ID to:

fellowship@bmchrc.com & ruchikanwar4345@gmail.com,

Phone Number : 8209725639/ 0141 – 2717777/Ext. No. 172

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

1. Degree certificates
2. Medical council Registration
3. Experience certificates
4. Publications copy
5. Conference presentations certificates
6. Two Photos
7. ID Proof, PAN card, AADHAR card

Name & Signature of candidate

