



APPLICATION FOR FELLOWSHIP IN ONCOPATHOLOGY

1. Name of the candidate _____
2. Date of Birth: _____
3. Address of correspondence _____

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

Degree	College	University	Year of Passing
MBBS			
MD/DNB			
Others			

7. Present Designation / Occupation: _____
8. Post MD/DNB Experience (Original certificate will be checked at the time of joining)

Post	Place	From	To	Reason for leaving



11. References: Details of 3 references

Name	Place of work	Contact details Email and Mob No.

12. Application Form Fee - Rs 500 /-

13. Course fee –

Rs 50,000 /- (For Indian Candidate)

Rs. 75,000/- (for International Candidate)

14. 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

Kindly scan the filled application forms and Email the filled form along with CV and Transaction ID to fellowship@bmchrc.com Phone Number : 0141 – 2717777, 9828010157, 9079133019

Check list of certificates/others to be presented at the time of joining.

1. Degree certificates
2. Medical council Registration
3. Experience certificates
4. Two Photos
5. ID Proof, PAN card, AADHAR card

Name & Signature of candidate