

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: _____

Name of Candidate	
Age	
Sex	
Date of Birth (dd/mm/yyyy)	
Residential Address	
Postal Address	
Mobile	
Email	
Emergency Contact	

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).**