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-Imaging

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 favourof "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.

Please affix your recent passport size photograph

Signature:_____

Name :_____

Date: _____

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).**