

# KAILASH CANCER HOSPITAL AND RESEARCH CENTRE MUNI SEVA ASHRAM

AT- GORAJ, TA. VAGHODIA, DIST. VADODARA – 391760 PH. 02668-268041

## Application form For Fellowship in Head & Neck Oncology For Year: 2019

Date of Application: \_\_\_\_\_

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

### 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 (If): Rs** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cheque/DD No:** \_\_\_\_\_ **Bank name:** \_\_\_\_\_

\*\*Cheque / Demand Draft of Rs. 2,000/- as Application for 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 in Brochure

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).