



अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश – 249203  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH

Department of Radiation Oncology

Population Based Cancer Registry

**APPLICATION FORM**

1. Name (in capital letters): \_\_\_\_\_
2. Father Name: \_\_\_\_\_
3. Application for the Post of: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Age: \_\_\_\_\_
6. Whether belongs to SC/ST/OBC Category: \_\_\_\_\_
7. Sex: \_\_\_\_\_
8. Nationality: \_\_\_\_\_
9. Marital Status: \_\_\_\_\_
10. Address: \_\_\_\_\_
11. Mob. No. \_\_\_\_\_
12. E-mail ID: \_\_\_\_\_

Affix self-attested  
Passport size photo

**Educational Qualifications:**

S.No	Examination passed	Board/University	Passing Year	Percentage scored
1				
2				
3				
4				



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**Experience (Post Qualification):**

S.No	Post	Name of the Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience	Duties & Responsibility
1						
2						
3						
4						

Signature

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Enclosures attached (all required documents): -

- 1.
- 2.
- 3.