

## STATE CANCER INSTITUTE

INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES, SHEIKHPURA, PATNA – 800 014 (Bihar, India) Tel: 0612-2297631, 2297099, Fax: - 0612-2297225,

Website: www.igims.org, Email: director@igims.org

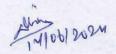


Application Format
(Walk-in-Interview, HBCR/ PBCR Project under ICMR)

Paste recent colour photograph here

Paste Your Signature in the Box

| Application for the post of |  |
|-----------------------------|--|
| Name                        |  |
| Father's/ Husband's Name    |  |
| Date of Birth               |  |
| Age (as on 27.06.2024)      |  |
| Category                    |  |
| Marital Status              |  |
| Nationality                 |  |
| Present Address             |  |
| Permanent Address           |  |
| Contact Number              |  |
| E-mail                      |  |





## STATE CANCER INSTITUTE

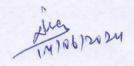
INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES, SHEIKHPURA, PATNA – 800 014 (Bihar, India) Tel: 0612-2297631, 2297099, Fax: - 0612-2297225,



Tel: 0612-2297631, 2297099, Fax: - 0612-2297225,
Website: www.igims.org, Email: director@igims.org

Academic background (Starting from highest)

| Accuse Sucreting from Ingress,             |   |                             |                 |  |  |
|--|---|-----------------------------|-----------------|--|--|
| Sl. No.                                    | Qualification   | School/Institute/University | Year of passing | Percentage of Marks/<br>grades obtained (if any) |  |
| 1  |   |                             |                 |  |  |
| 2  |   |                             |                 |  |  |
| 3  |   |                             |                 |  |  |
| 4  |   |                             |                 |  |  |
| 5  |   |                             |                 |  |  |
| 6  |   |                             |                 | 1. 1. 1  |  |
| Work Experience (starting from the latest) |   |                             |                 |  |  |
|  | From  |                             |                 |  |  |
| Experience 1                               | То  |                             |                 |  |  |
|  | Name of the<br>Organization with its<br>brief profile |                             |                 |  |  |
|  | Designation held                                      |                             |                 |  |  |
|  | Brief profile of the responsibilities held            |                             |                 |  |  |
|  | From  |                             |                 |  |  |
|  | То  |                             |                 |  |  |
| Experience 2                               | Name of the<br>Organization with its<br>brief profile |                             |                 |  |  |
|  | Designation held                                      |                             |                 |  |  |
|  | Brief profile of the responsibilities held            |                             |                 |  |  |





4.

5.

6.

## STATE CANCER INSTITUTE

INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES, SHEIKHPURA, PATNA – 800 014 (Bihar, India)

Tel: 0612-2297631, 2297099, Fax: - 0612-2297225, Website: www.igims.org, Email: director@igims.org



| Reference   | 1. | Name: Designation: Mobile: E-mail:  Name: Designation: Mobile: E-mail: |  |  |  |  |
|---|----|--|--|--|--|--|
| Any other information that the candidate would like to give in support of his/her candidature   |    |  |  |  |  |  |
| Paste Your Signature in the box   |    |  |  |  |  |  |
| <u>List of Enclosures:</u> Soft copies of Documents/Certificates/Testimonials: of qualification, experience etc to be attached in e-mail.  1. |    |  |  |  |  |  |
| <ul><li>2.</li><li>3.</li></ul>   |    |  |  |  |  |  |

Allo6/2024