

APPLICATION FORMAT

DR. BHUBANESWAR BOROAH CANCER INSTITUTE

Tata Memorial Centre
Dept. of Atomic Energy, Govt. of India
Gopinath Nagar, Guwahati – 781016

Application for the post of:

1. Full Name (BLOCK LETTERS):
2. Father's Name/Husband Name:
3. Date of Birth:
4. Age (as on 05.04.2026):
5. Sex:
6. Permanent Address in full:
(With PIN Code, E-mail ID, Mobile No.)

*Affix
passport
size
photograph*

7. Present Address in full:
(With PIN Code, E-mail ID, Mobile No.)

8. Nationality:

9. (a) Religion: _____ (b) Caste: _____

10. Details of Examination passed starting from Matriculation/School Leaving Certificate onward:

Sr. No.	Name of School/College/ Institution with address	Name of the Degree	Examination pass year	Division/Class obtained with (%) or Marks
1				
2				
3				
4				

11. Experience (post qualification):

Sr. No.	Name of the Institution/Employer	Designation	From	To	Total Experience
1					
2					
3					
4					
5					

12. If selected, what period would you require for joining the post: _____

13. Have you ever been declared unfit by a Medical Board/Court for appointment in any Government service? Yes / No

14. If yes, provide details. _____

Declaration

I hereby declare that the above informations are true and correct to the best of my knowledge and belief.

I further declare that I shall not indulge in canvassing / bribing in any form. I understand that this will be a disqualification and would lead to cancellation of my candidature.

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Signature of Applicant

Place:

Date: