



# DELHI STATE CANCER INSTITUTE

-a centre par excellence in the service of humanity  
(an autonomous institution under the Govt. of NCT of Delhi)

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## FORMAT OF THE APPLICATION FORM

Affix recent  
passport  
size  
photograph  
here

1. Post applied for | \_\_\_\_\_
2. Name of the applicant(Dr/Mr/Miss/Mrs)  
in Block letters | \_\_\_\_\_
3. Date of Birth | \_\_\_\_\_
4. Father's/Husband's Name | \_\_\_\_\_
5. Address(with Pin Code) | \_\_\_\_\_  
| \_\_\_\_\_  
| \_\_\_\_\_
6. Contact Number (with STD Code) | \_\_\_\_\_
7. E-mail Address | \_\_\_\_\_
8. Category to which belong (SC/ST/OBC)  
(ATTACH PHOTOCOPY OF CERTIFICATE) | \_\_\_\_\_

9. Academic/Technical/Professional Qualifications *(matriculation onwards - attach photocopies of certificates)*

Sl. No.	Name of Exam	Year of Passing	University/ Board	Div./Class/ Grade	No of attempts	Subject	% of marks

10. Experience (attach photocopies of certificates in support of experience) |

Sl. No.	Name of Employer/Org.	Period		Designation	Pay Scale/ Pay	Nature of Duties	Reason for leaving
		From	To				

11. Any other information | \_\_\_\_\_  
| \_\_\_\_\_
12. Registration No (DMC/Others, as applicable) | No. \_\_\_\_\_ valid upto \_\_\_\_\_

I, hereby, declare that the information given in application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect at any stage, my candidature is liable to be rejected.

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

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

(Signature of candidate)