



REGIONAL CANCER CENTRE,
THIRUVANANTHAPURAM

APPLICATION FORM
(To be filled by in the candidate)

Affix recent passport size
photograph of the
applicant duly attested by
a Gazetted Officer

NB: Those who have applied as per Notifications No.2662/Admn.I/2011/RCC dated 01/11/2011 and No.2662/Admn.IV/2012/RCC dated 10/04/2012 and have received call letters for written tests conducted on 18/11/2012 or 21/11/2012 need not apply now.

1. Name of post (In BLOCK LETTERS)				
2. Name of Applicant (In BLOCK LETTERS)				
3. Date of birth		4. Age as on 01/01/2013		
5. Address with PIN code and contact number (In BLOCK LETTERS)				
a. Permanent address		b. Address for Communication with contact number		
6. Whether belongs to SC/ST/ OBC/General		7. Specify Religion & Caste		
8. Name of father/guardian				
9. Educational qualifications (S.S.L.C onwards)				
Examination/Degree passed	Name of Board/University	Reg. No. & Year of passing		
10. Work experience if any				
Post held	Name & address of employer	Period		Total service
		From	To	
11. Fee remittance details				
DD No.	DD Date:	DD Amount Rs.		

I hereby declare that the above entries are true to the best of my knowledge and belief. I do hereby agree to cancel my candidature, in case it is detected at any stage that my application does not contain sufficient details and do not fulfill the eligibility norms and that I have furnished any false/incorrect information/certificate/documents or have suppressed any material facts.

Place:

Date:

SIGNATURE OF CANDIDATE