



**Basavatarakam Indo American Cancer Hospital & Research Institute**  
**Application for Post Doctoral Fellowship in Radiation Oncology**

Name

Father Name

Gender

Date of Birth

Address

E-mail & Mobile

MBBS College /university

Month/Year passed UG

Mch/MD/DNB  
University/College/Hospital

Date and year passed PG

Upload PG Degree Certificates

Experience where and how many years

No objection certificate to be obtained from head of the institute for in-service candidates from government organisation applying for study leave.

Paste recent  
passport Photo



**Basavatarakam Indo American Cancer Hospital & Research Institute**  
**Application for Post Doctoral Fellowship in Radiation Oncology**

**Signature of the Student**

Application fees: Rs.2000/-

Demand draft drawn in favor of **BASAVATARAKAM INDO AMERICAN CANCER HOSPITAL & RESEARCH INSTITUTE** payable at HYDERABAD.

For E Payment

Account Name: Smt.Nandamuri Basavataraka Rama Rao Memorial Cancer Foundation

Type of account: Current

Account No: 151411011000001

Name of the bank: Union Bank of India

Address: Road no 14, Banjara hills, Hyderabad- 500034

IFSC Code: UBIN0815144

I hereby affirm that the above mentioned details are true

Date:

Place:

Signature

**Check List for application**

1. Passport size Photograph
2. Filled application form.
3. Photocopy of Date of Birth certificate.
4. Photocopy of PG degree certificate or provisional certificate or Marks sheets
5. Photocopy of Medical Registration Certificate
6. No objection certificate for in-service candidate.
7. Aadhaar card and Pan card.

Note: Original documents have to be shown at the time of interview.