



INDRAPRASTHA CANCER SOCIETY & RESEARCH CENTRE

Sir Chotu Ram Marg, Sector – 5, Rohini Institutional Area, Rohini, New Delhi, Delhi – 110085

www.rgcirc.org

APPLICATION FORM FOR POST BASIC DIPLOMA IN ONCOLOGY NURSING 2024–25

1	Name of the Candidate as in records:(Block letter)	:	
2	Name of parent/guardian	:	
3	Age & Date of Birth	:	
4	Sex	:	
5	Marital Status	:	
6	Nationality	:	
7	Permanent Address	:	
8	Address for communication	:	
9	Contact number	:	
10	E– mail ID	:	
11	DNC/ INC /State Registration No.	:	
12	Aadhaar Card Number	:	
13	Category (Attach relevant certificate)	:	<input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC

Please affix a
Passport size photo

14. Academic Qualifications

Sl NO	Qualifications	Institution	Board/University	Month & Year of Passing	Mark Percentage
1					
2					
3					
4					
5					

*Attach self-attested copies of certificates

Declaration: I hereby declare that the details furnished in the application are true to the best of my knowledge and belief.

Place :

Date :

Signature of the candidate