

1. RGCIRC invites application for Fellowship Programme in the following discipline of Oncology (Recognized by IMA Academy of Medical Specialties, Hyderabad).

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| S. No | Name of Course | Minimum Qualification |
| 1 | GI Oncology Surgery | M.Ch. / DNB - GI Surgery, Surgical Oncology |
| 2 | Interventional Pulmonology & Thoracic Oncology | MD / DNB / DM (Pulmonary Medicine) – One year experience after MD/DNB with skill in bronchoscopy |

1. **Application Form Fee:**Rs. 1, 500/- (Rupees one thousand five hundred only), payment will be accepted through DD/NEFT/RTGS.

**Bank Details for NEFT/RTGS Transfer:**

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| Beneficiary Name | **Indraprastha Cancer Society and Research Centre** |
| Beneficiary Bank Name | **Punjab National Bank (PNB)** |
| Beneficiary Bank A/c No. | **52082010000040** |
| Beneficiary Bank IFSC | **PUNB0520810** |
| Beneficiary Bank Address | **D – 18, Sector-5, Rohini, Delhi-110085** |

**Details for Demand Draft:**Demand Draft to be made in favor of **Indraprastha Cancer Society and Research Center** payable at Delhi.

1. **Eligibility:**Other eligibility conditions are as stipulated below:

* Candidate must be a life time member of any branch of IMA (at the time of admission)
* Medical professional with requisite qualifications, engaged in Non Oncology Practices may be considered on  
  the merit of their experience
* Preference will be given to sponsored candidates
* Registration with Delhi Medical Council is a must
* Candidates who do not have DMC registration would have to apply within 1 month of joining the Fellowship, Failureto do so would lead to cancellation of your candidature.

1. **Course Fee:**Selected candidates will be charged a sum of Rs. 29,500/- (Rupees twenty nine thousand and five hundred only) at the time of joining the course.This amount is payable through bank draft, drawn in favour of IMA “Academy of Medical Specialties” payableat Hyderabad. This fee is not refundable if the candidate leaves the course in between. After admission the candidatewill have to take membership of IMA “Academy of Medical Specialties”, Hyderabad on submission of required fee.
2. **Boarding / Lodging:**Accommodation is to be arranged by the candidate as no accommodation is available in the Institute.However, meal facilities are available through F&B Department, on payment at prescribed rates.
3. **Submission of Application:** Eligible candidates may send their duly completed application in the prescribed format. Thespecimen format of application form may be downloaded from our website [www.rgcirc.org](http://www.rgcirc.org). The application should be supported with the below mentioned documents and sent to [sharma.neelima@rgcirc.org](mailto:sharma.neelima@rgcirc.org). Ms. Neelima Chhibber, Sr. Librarian & Academics Assistant. Rajiv Gandhi Cancer Institute & Research Centre, D - 18, Sector - 5, Rohini, Delhi - 110085 latest by 30.11.2024. Candidates may also send a scanned copy of the application along with requisite documents and proof of payment on the aforementioned email ID. Original application form would have to be submitted at the time of joining if selected.

**Copies of documents required to be forwarded are:**

* Certificate: Qualification, Experience, Life time IMA Membership
* Recent passport size photographs
* Latest detailed CV
* ID Proof (Copy of Driving License/Passport/PAN Card)
* Residence Proof (Copy of Passport/Driving License/Voter ID Card)
* DMC Registration No.

1. **General Instructions:**

* All shortlisted candidates of fellowship course shall be infomed in due course for the schedule of screening examination /faceto face interview / online interview
* Please do not approach any member of RGCIRC for any reference or canvassing. It will lead to disqualification of yourcandidature
* Incomplete/late received applications are liable to be rejected. All the Contact Numbers should be furnished correctly
* The selected candidates will be informed telephonically or by email for interview
* **Sponsored Candidates:** Candidates eligible for Sponsored seats may forward their application with sponsorship lettersigned by the competent authority to reach the office of Ms. Neelima Chhibber, Sr. Librarian & AcademicsAssistant, latest by 30.11.2024
* Joining of selected candidate is subject to medical fitness
* Sponsored candidates will not be given any stipend by RGCIRC and shall be treated to be on study leave or ondeputation from the parent organization during their entire training period. Stipend will be paid to non-sponsoredcandidates only by RGCIRC
* Decision of the Management of RGCIRC will be final and binding
* No TA/DA will be admissible for attending interview
* The fellowship is a full time course. Candidate will be entitled for 30 days leaves during the entire period of course
* Candidate will be appraised half yearly within the department
* Publication of minimum one paper in any indexed journal, (National or International) is mandatory duringthe tenure of fellowship
* For assistance / guidance, please contact us at +91-11-4702 2222 / 2622

**Important Dates:**

* Last date for receipt of completed application in prescribed format 30.11.2024
* Joining & Course Commencement 01.01.2025
* Last Date of Joininng 09.01.2025

   
  
D. S. Negi Dr. Sudhir Kumar Rawal

Chief Executive Officer Medical Director**Note:- Interventional Pulmonology & Thoracic Oncology**

For this programme (Interventional Pulmonology & Thoracic Oncology) theory exam shall be held on 07/12/2024 at 11 A.M. in the I.T Board Room Basement 1, Near H.R. Department. Interview for the short listed candidate shall be held on the same day at 3 P.M.

**FELLOWSHIP PROGRAMME APPLICATION**

Course Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name (Mr. / Ms. / Mrs.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(in Block Letters) (Surname) (First) (Middle)

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pin Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pin Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MobileNo.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*All columns are to be filled — up accurately, with no gaps whatsoever, please write “NIL” or “NA” as the case may be.*

1. **Personal Information**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | | | | | | |
| **Date of Birth** | | | **Place of**  **Birth** | **Home**  **Town** | **Physical** | | |
| **Date** | **Month** | **Year** | **Age** | **Height** | **Weight** |
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| **Father's / Husband'sName** |  | | | **Date of Birth**  **of Spouse /**  **Children** | **Children** | |
| **Marital Status** | **Single** | **Married** | **Widowed/**  **Widower** | **Boy(s)** | **Girl(s)** |
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1. **Educational Qualification / Experience**

**All the information’s should be in reverse chronological order.**

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| **Qualification** | **Name of**  **University / Board** | **Name &**  **Address of School/**  **College** | **Date of** | | **Main**  **Subjects** | **Division &**  **Rank/Attempt** | **Marks**  **%** |
| **Joining** | **Leaving** |
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1. **Experience**

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| **Employer's Name & Address** | **Designation** | **Employment** | | **Salary** | | **Reason (s) for leaving** |
| **From** | **To** | **Starting**  **Gross** | **Last**  **Gross** |
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1. Have you been without employment at any time? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

If so, please specify the period.

Total years of experience: \_\_\_\_\_\_\_\_\_ Total number of jobs changed: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Memberships/Scholarships/publications**

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| **Membership of Professional Bodies** | **Honours & Scholarships** | **Publications/Papers Presented** |
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Do you have any special ability, physical or mental at any time? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

1. Have you been convicted by any court at any time? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

If yes, give brief details:

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1. State specific achievement (s) made by you, your roll no. and experience which you have accomplished in a position of responsibility:

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1. **References:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Give details of 3 references who are not related to you** | | | |
| **Name** | **Address** | **Occupation** | **May we contact them?** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

**DECLARATION**

I certify that the above mentioned information is correct and complete to the best of my knowledge and belief and nothing has been concealed. I am not aware of any circumstances which might impair my fitness for employment. If any time, I am found to have concealed any material, information or have given any false particulars, my fellowship programme is liable to be summarily terminated without notice.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY HR DEPARTMENT**

1. Decision of Selection Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stipend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Letter appointment issued on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of joining: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorised Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_