www.rgcirc.org

# Prospectus



Fellowship Programme in ONCOLOGY

2024



Sector - 5, Rohini, Delhi - 110 085, India

Ph.: +91 - 11 - 4702 2222 Fax: +91 - 11 - 2705 1037 E-mail: info@rgcirc.org 1. RGCIRC invites application for Fellowship Programme in the following discipline of Oncology (Recognized by ISNO Indian Society of Neuro Oncology).

S. No	Name of Course	Minimum Qualification		
1	Neuro Onco Surgery	M.Ch/DNB in Neuro Surgery		

2. **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:**

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	Sector-05, Rohini, Delhi-110085

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

- 3. **Eligibility:**Other eligibility conditions are as stipulated below:
  - 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.
- 4. **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.
- 5. **Submission of Application:** Eligible candidates may send their duly completed application in the prescribed format. The specimen format of application form may be downloaded from our website <a href="www.rgcirc.org">www.rgcirc.org</a>. The application should be supported with the below mentioned documents and sent to <a href="sharma.neelima@rgcirc.org">sharma.neelima@rgcirc.org</a>. Ms. Neelima Chhibber, Sr. Librarian & Academics Assistant. Rajiv Gandhi Cancer Institute and Research Centre, Sector 5, Rohini, Delhi 110085 latestby 12.06.2024. 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 ifselected.

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

- 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.

#### 6. **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 your candidature

- 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 12.06.2024
- 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 nonsponsoredcandidates 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 during the 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

12.06.2024

D. S. Negi

Chief Executive Officer

Dr. Sudhir Kumar Rawal

Shawal

MedicalDirector

# FELLOWSHIP PROGRAMME APPLICATION

Course Applied for:

All the information's should be in reverse chronological order.

Name of

University /

Board

Qualification

Name &

**Address of** 

School/

College

Full Na	ame (Mr. / Ms	. / Mrs.):						
(in Block Letters) (Surr		name)	(First)	(First)		lle)		
Present	Address:							
Pin Co	de:		Mobile No.:					
			widone ivo				<del></del>	
Pin Co	de:		MobileNo.:					
Email:								
case m		v I	accurately, wit	th no gaps v	whatsoe	ever, pleas	e write "NIL"	or "NA" as the
Name								
Date of Birth			Place of	Hom	Home		Physical	
Date	Month	Year	Birth	Tow	n	Age	Height	Weight
Father Husba	's / nd'sName					of Birth	Children	
Marital Status		Single	Married	Widowed/ Widower	of Spouse / Children		Boy(s)	Girl(s)
2.	Educational	Qualification	/ Experience					

Date of

Joining

Leaving

Main

**Subjects** 

Division &

Rank/Attempt

Marks

**%** 

3. Experion Employer's Name & Address	Designation	Empl From	To	Salary Starting Last Gross Gross		Reason (s) for leaving	
A Have v	ou been without	employment	at any time?	Vac	No		
If so, pl	lease specify the	period.	·	Total number of			
Membershi	erships/Scholar p of Profession Bodies	al	onours & Scho	Publications/Papers Presented			
<b>6.</b> Have yo				t any time? Yes			
	oner details.						

7. State specific achievement (s) made by you, your roll no. and experience which you have

accomplished in a p	osition of responsibility:		
8. References:			
Give details of 3 reference	es who are not related to	you	
Name	Address	Occupation	May we contact them?
1			
2			
3			
belief and nothing has been for employment. If any time	n concealed. I am not awar e, I am found to have conc	re of any circumstances whi	best of my knowledge and ich might impair my fitness tion or have given any false ut notice.
Date:	Signatur	e of Applicant:	
FOR OFFICE USE ONL	Y HR DEPARTMENT		
2. Appointment: Designation:			
Date:	Authoris	sed Signatory:	