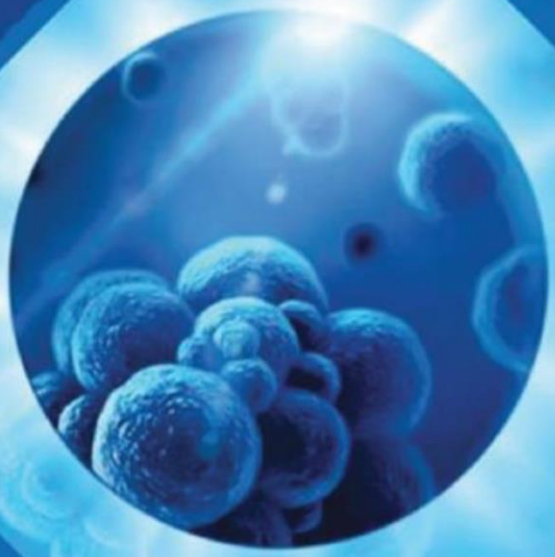
www.rgcirc.org

# Prospectus



## Fellowship Programme in ONCOLOGY

2027

RGCIRC
Ethics, Empathy & Excellence

D-18, Sector-5, Rohini, Delhi - 110085
Ph.: +91 - 11 - 4702 2222
Fax: +91 - 11 - 2705 1037
E-mail: info@rgcirc.org

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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** |

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 www.rgcirc.org. The application should be supported with the below mentioned documents and sent to sharma.neelima@rgcirc.org. Ms. Neelima Chhibber, Sr. Librarian &Academics Assistant. Rajiv Gandhi Cancer Institute and Research Centre, Sector - 5, Rohini, Delhi - 110085 latestby 30/11/2026. 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:**

- 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

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- 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 30/11/2026
- 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 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 30/11/2026

Dr. D.S. Gangwar
Chief Executive Officer

Dr. Vineet Talwar
Medical Director

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# FELLOWSHIP PROGRAMME APPLICATION

Course Applied for: _____

Full Name (Mr. / Ms. / Mrs.): _____
(in Block Letters) (Surname) (First) (Middle)

Present Address: _____

_____

____

Pin Code: _____ Mobile No.: _____

Permanent Address: _____

_____

_____

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**

| Name | | | | | | | |
|---|---|---|---|---|---|---|---|
| Date of Birth | | | Place of Birth | Home Town | Physical | | |
| Date | Month | Year | | | Age | Height | Weight |
| | | | | | | | |

| Father's / Husband'sName | | | | Date of Birth of Spouse / Children | Children | |
|---|---|---|---|---|---|---|
| Marital Status | Single | Married | Widowed/ Widower | | Boy(s) | Girl(s) |
| | | | | | | |

**2. Educational Qualification / Experience**

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

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

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3. Experience

| Employer's Name & Address | Designation | Employment | | Salary | | Reason (s) for leaving |
|---|---|---|---|---|---|---|
| | | From | To | Starting Gross | Last Gross | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

4. 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: _____

5. **Memberships/Scholarships/publications**

| Membership of Professional Bodies | Honours & Scholarships | Publications/Papers Presented |
|---|---|---|
| | | |
| | | |

Do you have any special ability, physical or mental at any time? Yes _____ No _____

6. Have you been convicted by any court at any time? Yes _____ No _____

If yes, give brief details:

_____

_____

_____

_____

_____

_____

7. 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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8. **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: _____

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