

Price Rs. 100/-

**CANCER RELIEF SOCIETY
RASHTRA SANT TUKDOJI REGIONAL CANCER HOSPITAL
AND TEACHING INSTITUTE
AND RESEARCH INSTITUTE**

Manewada Road, Nagpur - 440 027. (M.S.)

Ph. No. (0712) 2748995, FAX No. (0712) 2754546

Approved by:-

Govt. of Maharashtra PTI / 2002 / (306 / 02) / TE-2

Dated 7th October, 2002 & Affiliated to MSBTE Mumbai.

**Application
No.**

**APPLICATION FOR FIRST YEAR ADMISSION TO THE POST GRADUATE DIPLOMA
COURSE IN - 1] RADIOTHERAPY TECHNOLOGY
2] MEDICAL LABORATORY TECHNOLOGY**

- NOTE:**
- 1) Please fill application in full and correctly.
Please strike out at the asterisk Mark * the unnecessary
 - 2) works.
 - 3) Please submit the application to the appropriate officer only.

For Office use only

Application for admission to :- **PGDRTT / PGDMLT**

Category (Cast) :- Open / Reserved _____
(Write specific category)

Claim against any other category PH / Defence / NRI / _____

Marks obtd in qualifying
Exam.:

Out of

H.S.C.

B.Sc.

PHOTO

Name of Student

Domicile of Candidate :- **MAH / OMS**

Year of passing qualifying exam. _____

Merit no, in provisional list : _____

Admitted in _____

Roll No. allotted in admitted merit list : _____

(Signature of Scrutinizer)

(Signature of Principal)

To,
**The Director,
RST Regional Cancer Hospital
& Teaching Institute & Research Institute,
(Cancer Relief Society)
Manewada Road, Nagpur - 440 027. (M.S.)**

I request you to kindly consider my candidature for admission to the following
1 Post Graduate Diploma Course in Radiotherapy Technology
2 Post Graduate Diploma in Medical Laboratory Technology
at the Institute under your authority, I am submitting herewith all the necessary details.

1	Surname	<input type="text"/>										
2	First Name	<input type="text"/>										
3	Father's Name	<input type="text"/>										
4	Whether Male or Female	<table border="1"><tr><td>M</td><td>F</td></tr></table>	M	F								
M	F											
5	Date of birth	<table border="1"><tr><td>MM</td><td>/</td><td>DD</td><td>/</td><td>YYYY</td></tr><tr><td><input type="text"/></td><td></td><td><input type="text"/></td><td></td><td><input type="text"/></td></tr></table>	MM	/	DD	/	YYYY	<input type="text"/>		<input type="text"/>		<input type="text"/>
MM	/	DD	/	YYYY								
<input type="text"/>		<input type="text"/>		<input type="text"/>								
6	Whether Maharashtra	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No								
Yes	No											
7	If NOT, the name of the State or Union territory of domicile.											
8	Mother tongue	<input type="text"/>										
9	Whether Indian National	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No								
Yes	No											
10	Permanent Address	<input type="text"/> <input type="text"/> <input type="text"/>										

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23 District

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24 Taluka

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25 State

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26 The name of B.Sc. Or equivalent examination

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27 Name of University

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28 Month & year of passing the above examination

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29 Whether B.Sc. Examination is passed in one and the same attempt

YES	NO
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30 No. of attempts made to pass the examination

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31 The places of learning in previous three years :

Year	Class	Name and Address of College
200		
200		
200		

32 Marks * obtained in B.Sc. Examination:

Subject	Mark			Out of		
Grand Total						
Mathematics						
Physics						
Chemistry / Electronics						
English						

33 Total marks obtained in B.Sc. Examination or its equivalent.

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34 Whether belonging to Scheduled Caste

*

YES	NO
-----	----

Scheduled Tribe

*

YES	NO
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Denotified Tribe	*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Nomadic Tribe	*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other Backward Class	*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Special Backward Class	*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
35 Name of the Caste		<input type="text"/>	
36 Whether belonging to minority community	*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
37 * If yes, the name of the same		<input type="text"/>	
38 The name of the religion		<input type="text"/>	
39 Whether passed the B.Sc. Final examination	*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
40 Whether physically handicapped	*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
41 Whether spouse, son, daughter of a defence service person	*	<input type="checkbox"/> YES	<input type="checkbox"/> NO
42 Whether project affected person.	*	<input type="checkbox"/> YES	<input type="checkbox"/> NO

MEDICAL FITNESS CERTIFICATE
(By Registered Medical Practitioner)

I have thoroughly examined *Shri / u _____ today the _____ day of _____ 200____ and therefore certify that *he / she sound infirmity, no disease, no serious defects in eye sight, no physical disability and no mental infirmity. I further certify that *he / she is fit to undergo instructions in hospital and he / she has nothing that can unfit * him / her now or in future to undergo manual work in laboratories, classrooms, hospitals drug stores, radiotherapy application or any outdoor service as a Medical Laboratory / Radiotherapy Technologist.

Date: _____

Signature _____

Address: _____

Name _____

Qualifications _____

Registration No. _____

SEAL

SCRUTINY FORM

Sr. No.	COPIES OF CERTIFICATES	REMARKS FOR SCRUTINY
1	Domicile Certificate for other State applications	NA / Yes / No
2	SSC Certificate	Yes / No
3	Mark Sheet of SSC Examination	Yes / No
4	Attempt Certificate	NA / Yes / No
5	Leaving Certificate of the last attended College	Yes / No
6	B.Sc. Mark Sheet	Yes / No
7	Caste Certificate for OBC / DT / NT / SBC	NA / Yes / No
8	Caste Certificate for SC / ST	NA / Yes / No
9	Medical fitness Certificate for physically handicapped	NA / Yes / No
10	Medical fitness Certificate for Applicant	Yes / No
11	Transfer Certificate in case of employee of Govt. of India or Govt. of India Undertaking	NA / Yes / No
12	Defence Certificate	NA / Yes / No
13	Creamy layer for NT2, NT3, and OBC	Yes / No

Place : _____ **Signature:** _____

Date : _____ **Name of Scrutinizer :** _____