

**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.**

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**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><b>M</b></td><td><b>F</b></td></tr></table>	<b>M</b>	<b>F</b>								
<b>M</b>	<b>F</b>											
5	Date of birth	<table border="1"><tr><td><b>MM</b></td><td>/</td><td><b>DD</b></td><td>/</td><td><b>YYYY</b></td></tr><tr><td><input type="text"/></td><td></td><td><input type="text"/></td><td></td><td><input type="text"/></td></tr></table>	<b>MM</b>	/	<b>DD</b>	/	<b>YYYY</b>	<input type="text"/>		<input type="text"/>		<input type="text"/>
<b>MM</b>	/	<b>DD</b>	/	<b>YYYY</b>								
<input type="text"/>		<input type="text"/>		<input type="text"/>								
6	Whether Maharashtra	<table border="1"><tr><td><b>Yes</b></td><td><b>No</b></td></tr></table>	<b>Yes</b>	<b>No</b>								
<b>Yes</b>	<b>No</b>											
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><b>Yes</b></td><td><b>No</b></td></tr></table>	<b>Yes</b>	<b>No</b>								
<b>Yes</b>	<b>No</b>											
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

<b>YES</b>	<b>NO</b>
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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 :

<b>Year</b>	<b>Class</b>	<b>Name and Address of College</b>
200		
200		
200		

32 Marks \* obtained in B.Sc. Examination:

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

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

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34 Whether belonging to Scheduled Caste

\* 

<b>YES</b>	<b>NO</b>
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Scheduled Tribe

\* 

<b>YES</b>	<b>NO</b>
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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** \_\_\_\_\_

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Qualifications \_\_\_\_\_

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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 :** \_\_\_\_\_