THE GUJARAT CANCER & RESEARCH INSTITUTE
NEW CIVIL HOSPITAL CAMPUS, ASARWA, AHMEDABAD-380 016

Admission Form 2024-25

CERTIFICATE COURSE IN MEDICAL RADIOTHERAPY TECHNOLOGY

(AERB Approved & TEB Affiliated Course)

(FILL DETAILS IN BLOCK LETTER)

FOR OFFICE USE ONLY	
APPLICATION NO.	

Affix your recent Passport size color Photo here (with signature)

1. NAME OF STUDENT (AS PER MARKSHEET) : _____
2. GENDER : _____
3. MOBILE NO : | | | | | | | | | | |
   : | | | | | | | | | | |
4. PARENT'S CONTACT NO : _____
5. E-MAIL ID : _____
6. BLOOD GROUP : _____
7. NATIONALITY : _____
8. MARITAL STATUS : _____
9. RELIGION : _____
10. DATE OF BIRTH : | D | D | M | M | Y | Y | Y | Y |
11. CATEGORY(√) : | Gen | | SC | | ST | | SEBC | | EWS | |
12. ADDRESS FOR COMMUNICATION : _____
    : _____
    : _____
    : _____Pin code_____

13. PERMANENT ADDRESS : _____

: _____

: _____

:_____ Pin code_____

14. LANGUAGES KNOWN

LANGUAGES	SPEAK	READ	WRITE

15. QUALIFICATION:

SR. No.	NAME OF EXAM	BOARD/UNIVERSITY	PASSING YEAR	PERCENTAGE	REMARK
1.					
2.					
3.					
4.					
5.					
6.					

16. AWARDS/PRIZE RECEIVED :

_____

_____

_____

_____

17. DOCUMENTS SUBMITTED (Submit Relevant Document : PLEASE TICK (√)

SR. No.	NAME OF DOCUMENTS	ORIGINALS	PHOTOCOPY	REMARKS
1.	SCHOOL LEAVING CERTIFICATE / BIRTH CERTIFICATE			
2.	CASTE CERTIFICATE			
3.	NON CREAMY LAYER CERTIFICATE (only for SEBC category)			
4.	HIGH SCHOOL MARK SHEET			
5.	HIGHER SECONDARY MARK SHEET			
6.	HIGHER SECONDARY ATTEMPT CERTIFICATE			
7.	GRADUATION MARK SHEET			
8.	GRADUATION ATTEMPT CERTIFICATE			
9.	GRADUATION DEGREE CERTIFICATE			
10.	POST-GRADUATION MARK SHEET			
11.	POST-GRADUATION DEGREE CERTIFICATE			
12.	POST-GRADUATION ATTEMPT CERTIFICATE			
13.	AADHAR CARD			
14.	DISABILITY CERTIFICATE			
15.	MEDICAL FITNESS CERTIFICATE			
16.	DOMICILE CERTIFICATE (FOR CMRT – OTHER STATE)			

DECLARATION BY THE APPLICANT

I_____son/daughter of, _____ hereby solemnly declare that all information furnished and enclosures given in this application are true and complete to the best of my knowledge and belief. I am also aware that if any statement made herein if found to be incorrect at any time either before or after admission, I will be liable to forfeit my seat and / or removal from the rolls of the College at whatever Stage of study I may be, besides making me liable for criminal prosecution.

Place:

Date: Signature of applicant

Affix your recent Passport size, color Photo here (with signature)

MEDICAL FITNESS CERTIFICATE
To whom so ever it may concern

This is to certify that I have examined Mr./ Miss. _____ aged _____

He/ she is suffering / not suffering from following diseases

Asthma	Physical Disability
Diabetes	Mental Disability
Hypertension	Allergy
Fits / Convulsions	

He/ she has undertaken / not undertaken all vaccination.

Any other major disease (Please specify) –

His/ Her height……, weight……., vision……, Hearing----------.

I certify that Mr. / Miss _____ is physically, mentally & Psychologically fit / unfit for _____ course.

Marks of identification

Thumb impression

Signature & Office Seal:
Name of Registered medical practitioner:
Reg. No.:
Address:

Place:
Date: