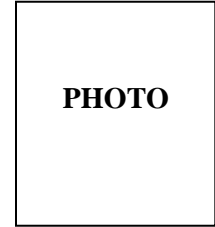


**NATIONAL INSTITUTE OF CANCER PREVENTION AND RESEARCH
PLOT NO. I-7, SECTOR-39, NOIDA-201301**



1. **Name of the Candidate** :
(in block letters)

2. **Father's Name** :
(in block letters)

3. **Date of Birth** :

4. **Sex** :

5. **Address for Correspondance** :

6. **Phone No. & E-mail ID** :

7. **Educational Qualifications (beginning with Matriculation)**

| Sl. No. | Name of the Exam passed | Year of Passing | Board/ University | Subject | Division/ Class/ Grade |
|---------|-------------------------|-----------------|-------------------|---------|------------------------|
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8. Work Experience : (use separate sheet if required)

| Sl. No. | Name of the Institute/Centre where employed | Period | | Post held | Pay band + Grade Pay |
|---------|---|--------|----|-----------|----------------------|
| | | From | To | | |
| | | | | | |
| | | | | | |
| | | | | | |

DECLARATION

I hereby declare that all the statements made in this application are true and correct to the best of my knowledge and belief.

Place:

Signature of the candidate

Date:

NOTE: The application form, complete may be sent only by e-mail at webportalslt@gmail.com.

Kindly note that no hard copies will be entertained.