



# DELHI STATE CANCER INSTITUTES

- centres par excellence in the service of humanity  
(A group of autonomous institutions under the Govt. of NCT of Delhi)

**EAST:** DILSHAD GARDEN, DELHI 110095,

EPABX: +91-11-2213 5200, 2213 5700 FAX: +91-11-2211 0505

**WEST:** C-2/B, JANAK PURI, NEW DELHI 110058,

EPABX: +91-11-2550 1111, 2554 1111 FAX: +91-11-2554 9999

Website: [www.dsci.nic.in](http://www.dsci.nic.in) E-mail: [hr-dsci@nic.in](mailto:hr-dsci@nic.in)



## APPLICATION FOR RECRUITMENT – -----

## FACULTY

Name of the applicant: \_\_\_\_\_ Post applied for: \_\_\_\_\_

### IMPORTANT INSTRUCTIONS FOR THE APPLICANT

1. This application form **MUST** be neatly filled/ typed and signed by the Applicant on **EACH PAGE**.
2. Avoid overwriting/cuttings in this Application Form. Overwriting/cutting, if any, **MUST** be self-attested by the applicant; otherwise the application shall be rejected.
3. Attach self-attested copies of certificates, testimonials, and other relevant documents which support your claim for your eligibility for the applied post.
4. Applicant shall be fully responsible for authenticity of all the statements, claims and documents submitted by him/her with the Application Form.
5. Furnishing wrong information or suppression of facts shall lead to rejection of application and penal action by the Institute, as deemed fit, even if the applicant has been selected and has joined the Institute on the basis of the information submitted in the application form.
6. All columns **MUST** be completed in figures and/or in words and not by dashes or dots. Please fill up 'Not Applicable/Not Available' where the information is not applicable or not available; but **DO NOT** leave any column blank.

**FEES:** Indian Resident applicants should attach a Demand Draft in favour of DSCI (crossed, account payee) at Delhi for Rs. 1100/- (Rs **ELEVEN HUNDRED** only) as the Application Fee. Application fee for NRI Candidates is US \$ 100 (US \$ One Hundred Only) through Online Mode (Details will be available in the Official Website). Applicants belonging to SC/ST Categories are exempted for paying the fee. Proof of eligibility for consideration under the reserved categories **MUST** be attached as the **FIRST** document along with the application.

7. Applications received without the prescribed fee, as applicable, shall not be considered.
8. Recruitment Rules for various posts may be seen on the website for ascertaining eligibility for the given posts before applying for the same.
9. Canvassing in any form is strictly prohibited and shall lead to outright rejection of the application.
10. Applications received after the due date shall not be considered.
11. Incomplete OR incorrectly filled form shall be rejected outright. Processing fee shall not be refunded. Therefore, please ensure the form is correctly and completely filled, alongwith all the relevant documents and annexure attached before dispatching the same for consideration.
12. I, hereby declare that I have carefully read the instructions and all the other details in the application form and have understood the same before filling up this Form. I agree with guidelines stipulated herein and shall abide by the rules and regulations of the Institute, if appointed.

### LAST DATES FOR SUBMITTING APPLICATIONS

ON OR BEFORE ----- UPTO 04:00 PM (BY POST)

ADDRESSED TO DIRECTOR OFFICE, 01<sup>ST</sup> LEVEL, ADMIN BLOCK,  
DELHI STATE CANCER INSTITUTE (EAST), DILSHAD GARDEN, DELHI-110091

**Cutoff date for reckoning age limit and experience : 10/02/2020**

Mobile Number:(1) \_\_\_\_\_ E-mail : (1) \_\_\_\_\_

Mobile Number:(2) \_\_\_\_\_ E-mail : (2) \_\_\_\_\_

Date:

Signature of the applicant  
Name



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## APPLICATION FOR RECRUITMENT

**For Office Use Only**

**Reference No.:** \_\_\_\_\_

**Details of payment received:**

GAR-6 No.: \_\_\_\_\_ Dated: \_\_\_\_\_ Amount: \_\_\_\_\_

DD No.: \_\_\_\_\_ Bank: \_\_\_\_\_ Amount: \_\_\_\_\_

PLEASE PASTE  
 YOUR RECENT  
 SELF-ATTESTED  
 PASSPORT SIZE  
 PHOTOGRAPH  
 SHOWING FULL  
 PROFILE OF  
 YOUR FACE

- A. Application for the Post of : \_\_\_\_\_
- B. Bank : \_\_\_\_\_ DD No.: \_\_\_\_\_ Date: \_\_\_\_\_
- C. Branch of Issue: \_\_\_\_\_ Payable at: \_\_\_\_\_ Amount: \_\_\_\_\_

1. Name in Full: Prof/Dr/Mr/Ms

(IN CAPITAL LETTERS)


2. Gender

MALE

FEMALE

3. Address

a) Present


P I N

--	--	--	--	--	--	--	--	--	--

b) Permanent


P I N

--	--	--	--	--	--	--	--	--	--

Short name of the applicant: \_\_\_\_\_ Post applied for \_\_\_\_\_ Signature \_\_\_\_\_

4. Date of Birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

5. Age (as on -----) Year 

Y	Y
---	---

 Day 

D	D
---	---

 Months 

M	M
---	---

6. Nationality 

--	--	--	--	--	--	--	--	--	--

7. Whether Married Yes  No

8. Father's Name 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Spouse's Name 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

9. Do you belong to SC/ST/OBC\*/DA/Category Yes  No

If Yes, then please give particulars here and attach a certificate from the Competent Authority in support thereof

\* OBC list as notified by the GNCT of Delhi.

10. Particulars of all examinations passed and technical qualifications obtained commencing with the Matriculation or equivalent examinations. Attach self-attested copies of all certificates (if the space below is insufficient, then please attach a separate sheet, duly signed, giving the details of your educational qualifications in the same format as below- **cite the serial number of the attached sheet here**):

S. No.	Examination passed	Year of passing	Board/ University	No. of attempts	% Marks & Merit, if any	Subjects

11. What languages can you understand, speak read & or speak? State the examination passed in each:

S. No.	Understand only	Understand and Speak	Understand, Speak, Read and write	Examination Passed, if any
1				
2				
3				
4				
5				

Short name of the applicant: \_\_\_\_\_ Post applied for \_\_\_\_\_ Signature \_\_\_\_\_

12. Any, additional qualification may be mentioned here or on separate sheets (if the space below is insufficient, give full particulars on a sheet of paper and attach it to this application, inserting here a reference to the sheet attached):

13. Details of postgraduate work and published papers. Give titles of the paper published and attach first page of the reprint (if the space below is insufficient, give full particulars on a sheet of paper and attach it to this application, inserting here a reference to the sheet attached):

14. Awards and Prizes received (if the space below is insufficient, give full particulars on a sheet of paper and attach it to this application, inserting here a reference to the sheet attached)::

15. National/International Conferences/Seminars etc. attended (if the space below is insufficient, give full particulars on a sheet of paper and attach it to this application, inserting here a reference to the sheet attached):

16. Membership of National and International Bodies/Associations:

a. National:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

b. International:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

17. Registration no. (with Medical Council of India/Delhi Medical Council/Delhi Nursing Council/Delhi Pharmacy Council/ AERB & etc):

As applicable: \_\_\_\_\_

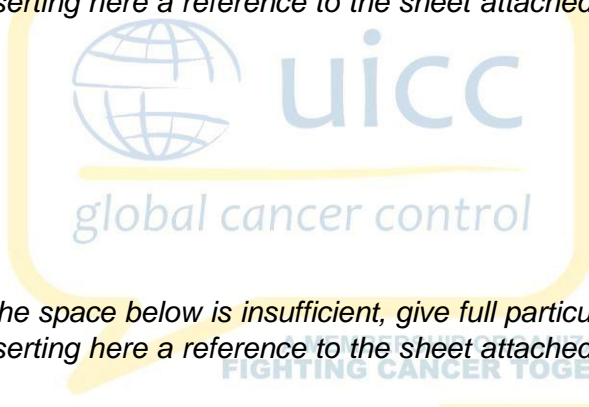
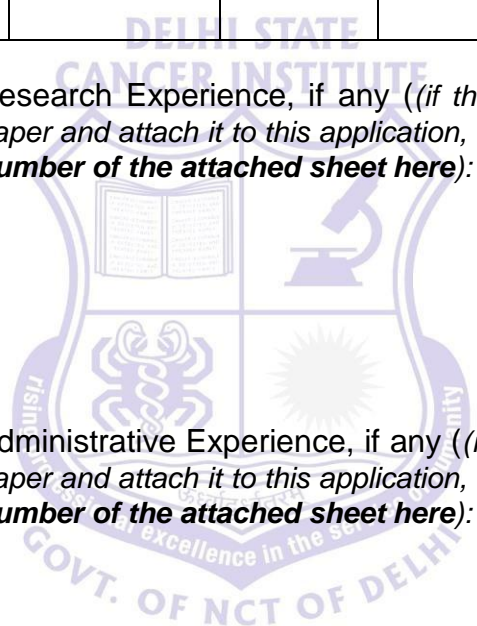
Valid up to: \_\_\_\_\_

Short name of the applicant: \_\_\_\_\_ Post applied for \_\_\_\_\_ Signature \_\_\_\_\_

18. Please furnish details of your previous employment if any, in ascending chronological order in the space given below (if the space below is insufficient, then please attach a separate sheet, duly signed, giving the details of your employment in the same format as in the table given below - **cite the serial number of the attached sheet here**):

S. No.	Post held	Institution	Nature of duties	From	To	Duration	Pay scale with Gross Salary	Reasons for leaving

19. Research Experience, if any ((if the space below is insufficient, give full particulars on a sheet of paper and attach it to this application, inserting here a reference to the sheet attached):- **cite the serial number of the attached sheet here**):



20. Administrative Experience, if any ((if the space below is insufficient, give full particulars on a sheet of paper and attach it to this application, inserting here a reference to the sheet attached):- **cite the serial number of the attached sheet here**):

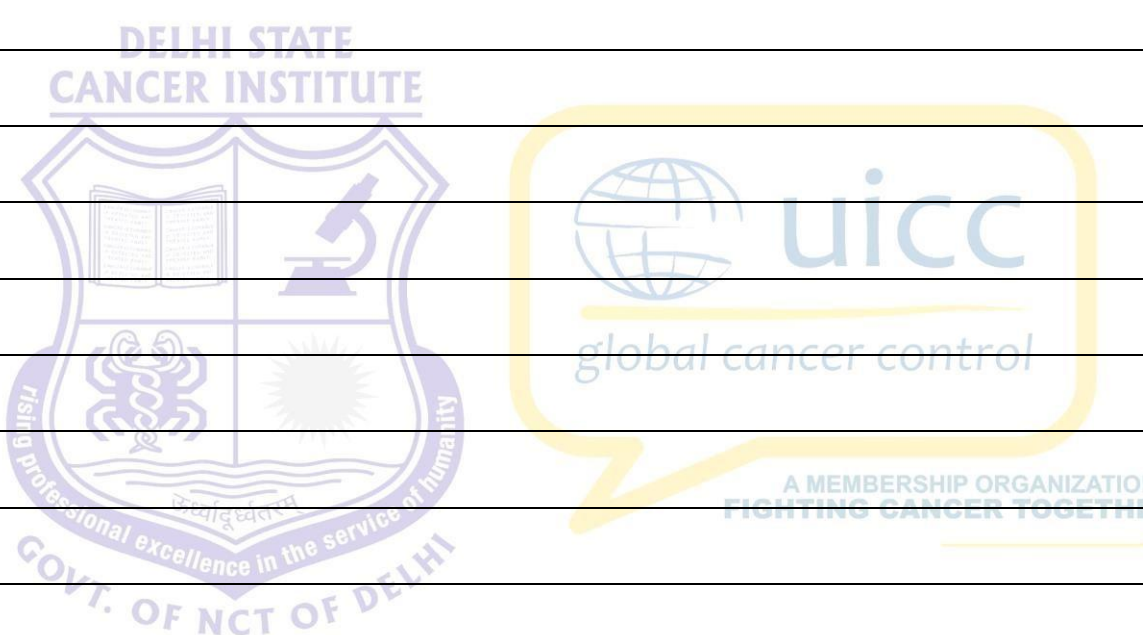
21. Major Achievements, if any (if the space below is insufficient, give full particulars on a sheet of paper and attach it to this application, inserting here a reference to the sheet attached):

Short name of the applicant: \_\_\_\_\_ Post applied for \_\_\_\_\_ Signature \_\_\_\_\_


22. Please state clearly whether in the light of entries made by you in previous columns, you possess the essential and the desirable qualifications laid down in advertisement. Explanatory note, if any may be given on a separate sheet citing the SI No here

S. No.	Essential	Desirable

23. Please explain below, in not more than 200 words that why you consider yourself as the most eligible candidate for the post applied for (you may mention your response on a separate sheet- citing the SI No of the annexure here):



**DELHI STATE  
CANCER INSTITUTE**


**uicc**  
 global cancer control

A MEMBERSHIP ORGANIZATIONS  
**FIGHTING CANCER TOGETHER**

GOVT. OF NCT OF DELHI

Short name of the applicant: \_\_\_\_\_ Post applied for \_\_\_\_\_ Signature \_\_\_\_\_

24. Are you willing to accept the minimum pay offered?  
If not, then state the lowest initial pay that you are willing to accept: \_\_\_\_\_

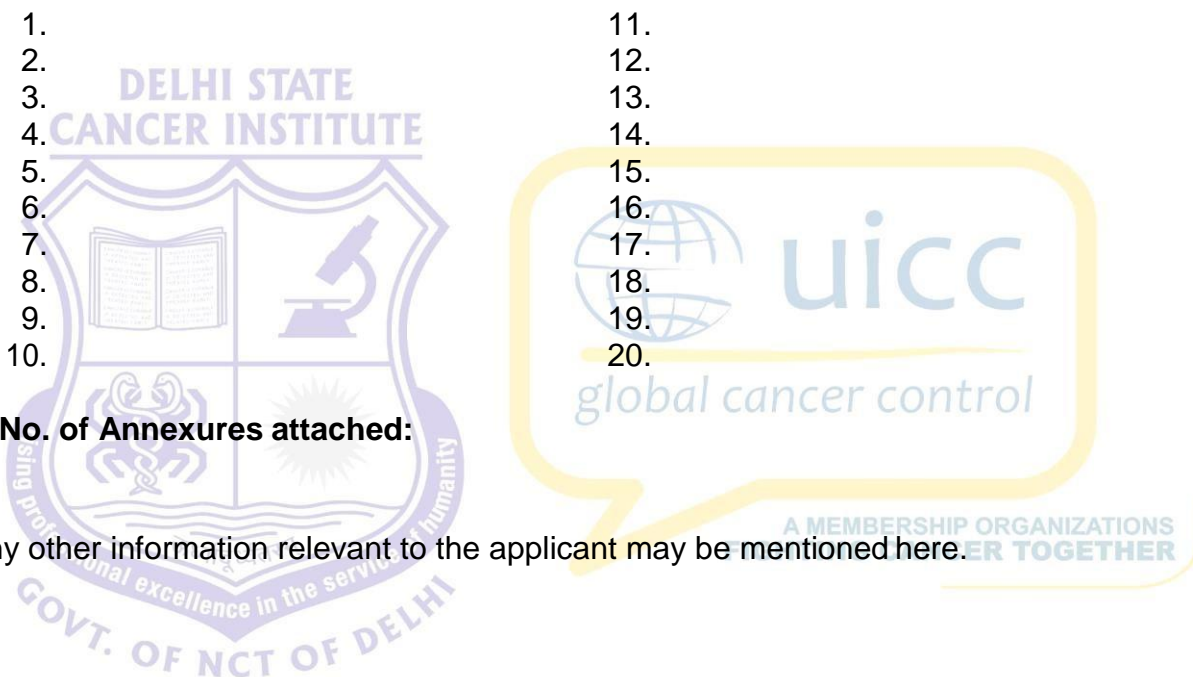
25. Copies of testimonials :

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)

26. Candidate may mention here the details of Annexures, if any.

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

**Total No. of Annexures attached:** \_\_\_\_\_



27. Any other information relevant to the applicant may be mentioned here. \_\_\_\_\_

28. Has the candidate applied for any other post(s), at this Institute – now or in the past? If yes, give details. \_\_\_\_\_

29. Are you already employed in Govt/Semi Govt/PSU/Autonomous organization: Yes  No

30. **If yes**, then do you want to join this Institute after resigning from your present job from your present organization: \_\_\_\_\_

31. If selected, will you be able to join this Institute within one month of the appointment offer?  
Yes  No

**If No**, then what is the minimum period you will require for joining \_\_\_\_\_.  
Short name of the applicant: \_\_\_\_\_ Post applied for \_\_\_\_\_ Signature \_\_\_\_\_

**32. References:**

*(These should be persons holding responsible positions in the related profession, who are in a position to certify about the professional achievements and attitudes of the applicant. They should be intimately acquainted with the applicant's character and work, but must not be relatives. Where the candidate has been in employment, he/she is expected to give either his/her present or most recent employer or immediate superior as a reference or produce testimonials from him/her in regard to the applicant's fitness for the post for which he/she has applied).*

1. Name : \_\_\_\_\_

Occupation or Position: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail : \_\_\_\_\_ Tel No/Fax: \_\_\_\_\_



2. Name : \_\_\_\_\_

Occupation or Position: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail : \_\_\_\_\_ Tel No/Fax: \_\_\_\_\_



3. Name : \_\_\_\_\_

Occupation or Position: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail : \_\_\_\_\_ Tel No/Fax: \_\_\_\_\_

Short name of the applicant: \_\_\_\_\_ Post applied for \_\_\_\_\_ Signature \_\_\_\_\_



## DECLARATION

1. I hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.
2. I have informed my Head of Office/Department in writing that I am applying for this post and have attached "No Objection Certificate from my employer along with Application Form.
3. I shall produce original documents of all my certificates, testimonials etc along with one number of self attested photocopies of all testimonial/certificates and one passport size coloured photograph at the time of my interview at the Institute.

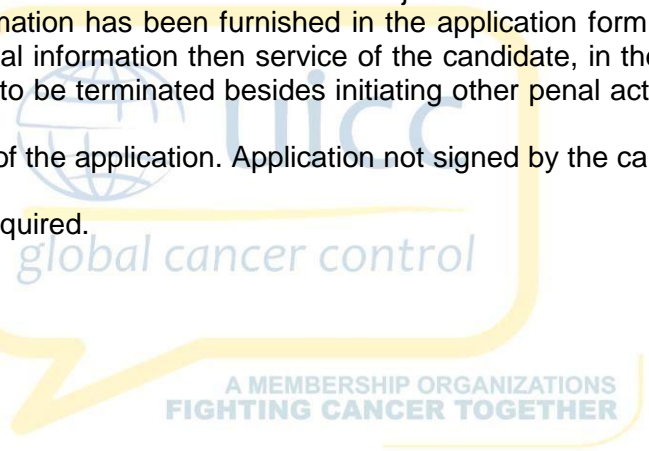
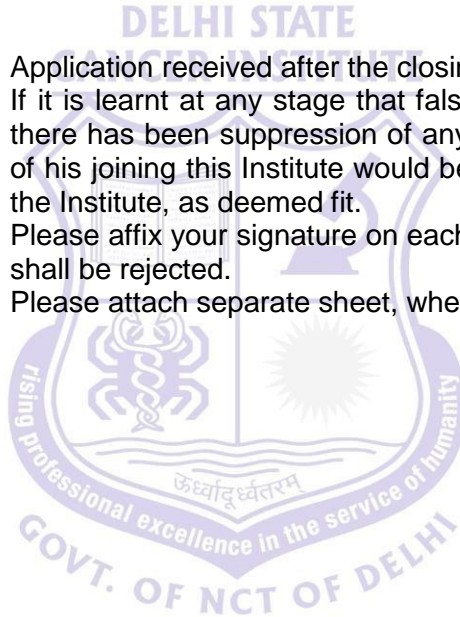
Signature of Candidate

Place:

Date:

### Note:

1. Application received after the closing date for whatever reason shall be rejected.
2. If it is learnt at any stage that false information has been furnished in the application form or that there has been suppression of any material information then service of the candidate, in the event of his joining this Institute would be liable to be terminated besides initiating other penal actions by the Institute, as deemed fit.
3. Please affix your signature on each page of the application. Application not signed by the candidate shall be rejected.
4. Please attach separate sheet, wherever required.



Short name of the applicant: \_\_\_\_\_ Post applied for \_\_\_\_\_ Signature \_\_\_\_\_



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## DUTIES AND RESPONSIBILITIES OF STAFF OF THE INSTITUTE

### IMPORTANT GUIDELINES FOR ALL THE STAFF OF THE INSTITUTE – 'TEN COMMANDMENTS'

1. All the staff of the Institute shall maintain discipline and follow all the Rules and Regulations of the Institute, as existing at any given point of time.
2. Each member of the staff shall function as a '**Brand Ambassador**' of the Institute and discharge his/her responsibilities in such a manner that it contributes to the growth of the Institute in achieving all its Aims and Objectives in true letter and spirit.
3. All the staff shall ensure complete honesty in all the activities of the Institute at all times. The Institute follows the policy of '**Zero Tolerance**' against corruption in any form.
4. All staff shall maintain highest degree of professional conduct always and provide care to the patients with compassion and cooperation and shall ensure that no inconvenience in any form is caused to the patients because of any functionary of the Institute.
5. In case of any exigency, the available staff shall discharge all responsibilities to his/her full capabilities and with the resources at his/her disposal as per the needs of the situation without waiting for anybody else at that time.
6. Normal working hours of the Institute are from **8.30 am to 5 pm**. The OPD and all support services for the patients start at **7.00 am**, however, the staff at the Institute may be called for duty at any time of the day or night in shifts as per the needs of the Institution. Duty hours in a single shift shall normally not exceed beyond 8 hours, subject to exigencies of work and convenience of fellow colleagues.
7. Staff is normally required to be functioning on 'round-the-clock' shifts basis, shall not leave unless the next person on duty has reported and has duly taken over the charge of his/her shift. Duty hours for such shifts shall be fixed as per the convenience of the majority of the staff.
8. No staff of the Institute shall indulge in use of tobacco or any other prohibited intoxicant in any form while in the Institute premises and shall ensure that his visitors too observe this rule Scrupulously.
9. No staff at any level at any stage shall participate in any strike, agitation or any such form of protest, which directly or indirectly might disturb patient care services at the Institute or which might bring disrepute to the Institute in any form.
10. While on duty, the staff shall wear neat, clean and properly ironed uniform/dress, as prescribed for various categories of employees of the Institute.

Short name of the applicant: \_\_\_\_\_ Post applied for \_\_\_\_\_ Signature \_\_\_\_\_