

## 1) NEW REGISTRATION :

- For New Registration click on New Registration Menu
- Select **Advertisement number, Post Applied For and Belongs to Category**
- All the **field are mandatory to fill for New Registration / New Application.**



### TATA MEMORIAL CENTRE

### टाटा स्मारक केंद्र

A Grant-in-Aid Institution Under Department of Atomic Energy Govt. of India

प ऊ वि भारत सरकार का एक सहायता अनुदान प्राप्त संस्थान



[Instructions](#) [New Registration](#) [Login](#) [Forgot Password](#) [Search Application](#) [Help Desk](#)

### NEW REGISTRATION

#### Screen 1

Application No:( Note down System Generated No. After Registration ):

Select Advt No:

Select post applying for ::

Department :

Organisation/ Unit :

#### Personal Information

Title:

Middle Name:

Date of Birth:

Marital Status :

Whether SC/ ST/ OBC/ PHYSICALLY HANDICAPPED :

Present Address :

Permanent Address :

Mobile No :

Nationality :

Confirm Password :

First Name :

Last Name:

Gender:

Parent's /Spouse Name :

Telephone No :

Pincode :

Pincode :

Email ID :

Password :

Pancard Number :

**Registration Details**

**Registration Category :**


**Registration Number for NMC :** 
**Registration Number for DMC :** 
**Registration Number for MMC :**


**Verification Code :** 
**Verification Code :**

REGISTER
CLEAR

➤ **After Successful Registration you will receive email with credentials**

**TATA MEMORIAL CENTRE**  
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+ New Registration
Login
Forgot Password
Search

✓

Registration Done Successfully

Kindly check mail for application no & password, and Visit login screen to complete form

OK

Screen 1

Application No: ( Note down System Generated )

TMC/2024/55

Select Advt No:

VAR/ACA/01/2024

Select post applying for : :

FELLOWSHIP

Department :

SOCIETY OF ONCO ANAESTHESIA AND PERIOPERATIVE CARE

Organisation/ Unit :

VARANASI

**EMAIL :**

TMC - Online Registration Details

Inbox x

T

TMC - Tata Memorial Centre

to me

21:51 (0 minutes ago)

Dear K R

Application Number : TMC/2024/55

Password : s@123

Post : FELLOWSHIP

Date & Time : 16-01-2024 21:52:02

You have successfully completed your Primary registration of the online application process in TMC (Tata Memorial Centre)

To complete the remaining stages of the application process, you will require to login in to the online application module and pay the application fee (if applicable).

Click here to login : [https://tmc.gov.in/jrfapp/frm\\_Login.aspx](https://tmc.gov.in/jrfapp/frm_Login.aspx)

All the information pertaining to this recruitment will be available on the website and further correspondence will be undertaken through Email only.


Kindly note that, in case of submission of incorrect information or suppression of facts, your candidature is liable to be rejected at any stage.

Team Academics Cell


Note: This is a system generated mail. Please don't reply.

## 2) LOGIN PAGE :

- Login with Application Number and Password to complete the form.



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### LOGIN

**Login Here**

**Application Number :**

**Password :**

**LOGIN**

### 3) PERSONAL INFORMATION PAGE :

- Here you will get your personal information details.
- You can **modify the details by clicking on update button** as below.
- Click next button to proceed **next screen**



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Home Personal Info Education Details Experience Details Other Info Refree Details File Upload Payment Logout

#### Applied for details

Application No :

TMC/2024/55

Advertisement No :

VAR/ACA/01/2024

Post Applied for :

FELLOWSHIP

Department :

SOCIETY OF ONCO ANAESTHESIA AND PERIOPERATIVE CARE

Unit Preference :

VARANASI

#### Personal Information

Title:

Mr.

Middle Name:

V

Date of Birth:

02/01/2000

Marital Status :

Single

Whether SC/ ST/ OBC/ PHYSICALLY HANDICAPPED :

OPEN

Present Address :

TEST

Permanent Address :

TEST

Mobile No :

8898412100

Nationality :

India

First Name :

K

Last Name:

R

Gender:

Male

Parent's /Spouse Name :

TEST

Telephone No :

123456

Pincode :

412458

Pincode :

444444

Email ID :

kailasrathod408@gmail.com

Pancard Number :

ASWER4789H

#### Registration Details

Registration Category :

Other

If Other Reg.Category(e.g KMC,PMC):

kmc

STATE & Registration Number():

KARNATAKA

Registration Number :

123

Registration Number for NMC :

NMC123

Registration Number for DMC :

DMC123

Registration Number for MMC :

MMC123



Back

Update

Next

#### 4) EDUCATIONAL DETAILS PAGE

- You have to **add at least one education details** go proceed next step
- Click next button to go to next screen

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HomePersonal InfoEducation DetailsExperience DetailsOther InfoRefree DetailsFile UploadPaymentLogout

**Education Qualification Details**

**Degree:**

**Subject:**

**University :**

**Passing Month :**

**NMC Recognized :**

**If Other :**

**Institution/ College:**

**Result awaited :**

**Passing Year :**

Add Qualification

Action	Edit Records	Sr.No	Degree	Subject	Institute / college	University	Month-Year of Passing	Result Awaited	NMC Recognized
Remove	Edit	1	D.M	TEST	institute	MUMBAI UNIVERSITY		Y	Y
Remove	Edit	2	M.D	AD	ASD	ASD	FEB2020	N	N

Back    Next

#### 5) PROFESSIONAL EXPERIENCE: (Training period will not counted as Experience)

- You have to **experience details** if any it's not mandatory to fill.
- Click next button to go to next screen

HomePersonal InfoEducation DetailsExperience DetailsOther InfoRefree DetailsFile UploadPaymentLogout

**Professional Experience Details**

**Appointment As :**

**University :**

**To Date :**

**Institution / College :**

**From Date :**

Add Experience

Action	Edit Records	Sr.No	Appointment As	Institute / College	University	From Date	To Date
Remove	Edit	1	test	test	test	01-11-2020	01-01-2024

Back    Next

## 6) OTHER INFORMATION PAGE :

- Add Medical Council Registration details **if Applicable**
- If any other information you wish to add you have to mention here.
- Click on next button to go next screen.

Home Personal Info Education Details Experience Details **Other Info** Referee Details File Upload Payment Logout

### Current Employment

Current position/ Appointment Title :

Current appointment company :

Appointment Date:

Whether Applicant is in service of Govt./ Semi.Govt./ PSU

Whether NOC is obtained :

Notice Required for joining the post :

### PUBLICATION (Give only number)

Type of Publication :	Published	Accepted for Publication	First Author or Corresponding author
Papers in Indexed Journals :	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1"/>
Papers in Non-Indexed Journals :	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Abstracts :	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>

### Other Information

Details of Research Experience (max 500 Characters) :

Awards, Fellowships and Membership of Professional bodies (max 500 Characters) :

Any other information you wish to add (max 500 Characters) :

## 7) Referee Details ( Fill Full address with PIN code & Number of Each Referee )

- You have to **add at least Two Referee Details**
- Click on Next Button to go to next Screen

**Referee Details (Fill Full address with PIN code Number. Two Refree Mandatory)**

	First Refree	Second Refree	Third Refree
<b>Name :</b>	Enter First Refree Name *	Enter Second Refree Name	Enter Third Refree Name
<b>Designation :</b>	Enter First Refree Designation	Enter Second Refree Designation	Enter Third Refree Designation
<b>Address :</b>	Enter First Refree Address	Enter Second Refree Address	Enter Third Refree Address
<b>Contact No :</b>	Enter First Refree Contact No	Enter Second Refree Contact No	Enter Third Refree Contact No

**8) UPLOAD FILE (Photo, Signature, D.O.B Proof, Educational Certificate, Experience Certificate, Cast Certificate (If Applicable) )**

➤ **Note: Files to be uploaded - mandatory for all applicants.**

- 1) Your face should occupy about 75% of the total photo area.
- 2) The photos should be less than six month old.If you are wearing glasses, please make sure that reflection from the lenses do on limit the visibility of your eyes.
- 3) **Size of Photo (Maximum 50 KB ) & Sign (Maximum 20 KB).**
- 4) **Upload Recent colour photo (Height 200px X Width 200px) & Sign (Height 120px X Width 400px) .**
- 5) **Upload Date Of Birth (D.O.B) Certificate in PDF Format (Maximum Size 5 MB) .**
- 6) **Upload Registration No.Document in PDF Format (Maximum Size 5 MB) .**
- 7) **Upload Educational / Qualification Certificate (Combined One PDF File of all certificate Which you have filled in application) in PDF Format (Maximum Size 5 MB) .**
- 8) **Upload Experience Certificate (Combined One PDF File of all Experience Certificate Which you have filled in application) in PDF Format (Maximum Size 5 MB) .**



**Instructions To Upload (Photo ,Signature & All Relevant Documents)**

**Note: Files to be uploaded - mandatory for all applicants.**

- 1) Your face should occupy about 75% of the total photo area.
- 2) The photos should be less than six month old.If you are wearing glasses, please make sure that reflection from the lenses do on limit the visibility of your eyes.
- 3) **Size of Photo (Maximum 50 KB ) & Sign (Maximum 20 KB).**
- 4) **Upload Recent colour photo (Height 200px X Width 200px) & Sign (Height 120px X Width 400px) .**
- 5) **Upload Date Of Birth (D.O.B) Certificate in PDF Format (Maximum Size 5 MB) .**
- 6) **Upload Registration No.Document in PDF Format (Maximum Size 5 MB) .**
- 7) **Upload Educational / Qualification Certificate (Combined One PDF File of all certificate Which you have filled in application) in PDF Format (Maximum Size 5 MB) .**
- 8) **Upload Experience Certificate (Combined One PDF File of all Experience Certificate Which you have filled in application) in PDF Format (Maximum Size 5 MB) .**

**File Upload (Photo ,Signature & All Relevant Documents)**

Choose Photo : <input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload Photo"/>
Choose Signature : <input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload Signature"/>
Choose D.O.B Certificate : <input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload D.O.B Certificate"/>
Choose Registratio No Document : <input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload Registration No Document"/>
Choose Qualification Certificate : <input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload Qualification Certificate"/>
Choose Experience Certificate : <input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload Experience Certificate"/>

Action	SrNo	File Type	File Name	Image
<a href="#">Remove</a>	1	P	Photo	
<a href="#">Remove</a>	2	S	Signature	
<a href="#">Remove</a>	3	B	DOB Certificate	<a href="#">Click To View DOB Certificate</a>
<a href="#">Remove</a>	4	R	Registration No Document	<a href="#">Click To View Registration No Document</a>
<a href="#">Remove</a>	5	Q	Qualificational Certificate	<a href="#">Click To View Qualificational Certificate</a>
<a href="#">Remove</a>	6	E	Experience Certificate	<a href="#">Click To View Experience Certificate</a>

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[Next](#)

9) **PAYMENT SCREEN (CHECK ADVT FOR PAYMENT MANDATORY FOR ALL CANDIDATES OR NOT):**

- Kindly click on **Pay Now** button to pay the fees (If Applicable.)
- Note : Fees may be paid online in favor of "TATA MEMORIAL CENTRE, PAREL, MUMBAI-400012" Read notification for amount to be paid

Home Personal Info Education Details Experience Details Other Info Refree Details File Upload Payment Logout

**Payment Details**

Note : Fees may be paid online in favour of "TATA MEMORIAL CENTRE, PAREL, MUMBAI-400012" Read notification for amount to be paid

Advt No : VAR/ACA/01/2024

Appno No : TMC/2024/55

Post Applied : FELLOWSHIP

Gender : Male

Category Belong To : OPEN

Mode of Payment :  ICICI Payment Gateway

Amount to pay :  300

Back
Pay Now



Merchant : TATA MEMORIAL CENTRE  
22/01/2022 12:01:527

### Payment Mode

Net Banking

Debit Card

Credit Card

UPI

Transaction ID	220122112572602
Amount	Rs.
Convenience Fee	Rs. 0.00
GST	Rs. 0.00
TMH	Rs.

Mobile No :  Email ID :

Payer Name :

\*Please provide the mobile number for transaction communication & viewing transaction history.

ICICI Bank (Retail)  Other Bank

Proceed Now
Cancel

Brought to you by ICICI Bank

- After clicking on **Pay Now** you will be redirected to bank server. **Select appropriate option and pay the fees**

This is a secure page which uses SSL/TLS (Secure Socket Layer/Transport Layer Security) to encrypt and securely transmit your payment data.

Amount ₹ 1.00 INR

Cardholder Name \*

Card Number \*

Expiration Month \*

Expiration Year \*

Card Code / CVV \*  Use these digits on the back of your card

\* Mandatory fields

Cancel
Continue

- **After payment will redirected to payment receipt page**

**TATA MEMORIAL HOSPITAL**

**TATA MEMORIAL CENTRE**

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**PAYMENT RECEIPT**

Application Number	TEST/2022/40
Transaction ID	220122112572602
Transaction Status	ECI 7 for Debit Cards and Credit Cards
Transaction Status Code	E0821
Amount Paid RS	1.00
Payment Mode	DEBIT_CARD
Transaction Date & Time	22-01-2022 12:49:26

- You have to login with credentials and preview your form and submit the Online Final application
- **NOTE: After Final Submission you are not allowed to modify any details before submitting the application make sure that all details are correct.**



Personal Information

Application No  
Advertisement No  
Post Applied For  
Department / Unit :  
You Belongs To  
Name  
Date Of Birth  
Gender  
Marital Status : Single  
Nationality : India  
Parent/Spouse Name : asd  
Present Address : ads  
Pin code : 444444  
Permanent Address : TEST  
Pincode : 444444  
Tel No : 123456  
Mobile No : 1111111111  
Email : kailasrathod408@gmail.com  
Pancard No : ASWEF5478H

Preview your application  
Make sure all details are correct, After submission not allowed to update details  
OK

### 10) APPLICATION PREVIEW AND SUBMIT

- You have to preview your Online Application Form, All Details with Attachment are correctly attached or not.
- After Submit Final Online Application you are not allowed to modify any details, Before Submitting make sure that all details are correct.
- After Checking All details **you have to go Down, Check the declaration checkbox and Click on Submit Online Application Button to Submit your Online Application**

Important Instructions

Incomplete forms will be rejected.  
Please fill up all items in the application form, attach relevant documents and certificates and sign the declaration.  
All certificate copies will be verified with the originals at the time of interview  
Suppression of any information will lead to termination of service without any intimation  
Any doubts regarding the post / form may be clarified by emailing to : as mentioned in advertisement copy

Preview Application & Declaration

I hereby declare that all the information and particulars given by me in this application are true and correct to the best of my knowledge. I am aware that if any of the above statements are found to be incorrect or false or may material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for training and if selected, my appointment will be liable to be terminated.

Submit Application Next

- After Final Submitting the Online Application, You will get the message Application Submitted.



**Personal Information**

Application No	
Advertisement No	
Post Applied For	
Department / Unit :	
You Belongs To	
Name	
Date Of Birth	
Gender	
Marital Status	Single
Nationality	India
Parent/Spouse Name	asd
Present Address	ads
Pin code	444444
Permanent Address	TEST
Pincode	444444
Tel No	123456
Mobile No	111111111
Email	kallasarathod408@gmail.com
Pancard No	ASWEF5478H

**Application Submitted Successfully**

Please take application print out

➤ After Final Submission you will get the **download bottom** of application and **fee receipt button (If Applicable)**



Preview your application Make sure all details are correct, After submission not allowed to update details

APPLICATION SUBMITTED

Application No	TMC/2024/56
Advertisement No	VAR/SR/2024/01
Post Applied For	SENIOR RESIDENT
Department / Unit :	MICROBIOLOGY
You Belongs To	ST
Name	Mr. k k k
Date Of Birth	14/10/1998
Gender	M
Marital Status	Single
Nationality	India
Parent/Spouse Name	asd
Present Address	ads
Pin code	444444
Permanent Address	TEST
Pincode	444444
Tel No	123456
Mobile No	111111111

### 11) FINAL SUBMISSION EMAIL TO CANDIDATE



**TMC - Tata Memorial Centre**  
to me

10:28 (6 minutes ago) ☆ 😊 ↶ ⋮

Dear Mr. k k k

You have successfully submitted your application with Application No : TMC/2024/56

Please take the printout of your application before last date of avdt, and Keep with you for future correspondence.

Click here to login : [https://tmc.gov.in/jrfapp/frm\\_Login.aspx](https://tmc.gov.in/jrfapp/frm_Login.aspx)

Date & Time : 17-01-2024 10:30:17

...

Note: This is a system generated mail.Please don't reply.

### 12) FORGOT PASSWORD

- In case you forgot your password
- Enter application number and click on send OTP button
- You will receive OTP on registered email ID
- After OTP validation you can change password



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FORGOT PASSWORD

Password Recovery

Application Number :

SEND OTP

**SEARCH APPLICATION :**

- In case you forgot your **application number or Credentials not received in mail**
- Enter the **Registered Email id** and search application
- You will get the application numbers which are registered with your email id



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FIND APPLICATION NUMBER

Application Recovery

Email :

SEARCH

CLEAR

**13) CONTACT US :**

- In case of any query administrative or technical visit the **Help Desk**.



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CONTACT US

ADMINISTRATIVE HELP DESK

Sr.No	Units wise Contact	Email	Telephone No	Extension No	Note
1	Tata Memorial Hospital, Parel, Mumbai	tmresident@tmc.gov.in	+91-22-24177000	7305	Please Contact Between 09:30 A.M to 05:30 P.M
2	HBCH & MPMMCC, Varanasi	academics@hbch.tmc.gov.in			Please Contact Between 09:30 A.M to 05:30 P.M

TECHNICAL HELP DESK (SOFTWARE DEVELOPER)

Name : Mr.Kailas Rathod  
Email : rathodkv@tmc.gov.in  
Tel : +91.22. 24177000 (Extension. 4675)  
Please Contact Between 09:30 A.M to 05:30 P.M