1) **NEW REGISTRATION :**

➢ **for New Registration click on New Registration Menu**

➢ **Select advt number and course applying**

➢ **Fill all the mandatory details**

TATA MEMORIAL HOSPITAL
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🏠 Instructions | 👤+ New Registration | 👤 Login | 👁 Forgot Password | 🔍 Search Application | 📋 Help Desk

NEW REGISTRATION

Screen to Check Eligibility

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

Select Advt No:

Select Advt ▾

Name of the Training/Course : :

▾

Personal Information

Title: First Name :
Select Title ▾   Enter First Name

Middle Name: Last Name:
Enter Middle Name   Enter Last Name

Date of Birth: Gender:

Marital Status :   Parent's /Spouse Name :
Select Marital Status ▾   Enter Parent/Spouse Name

Whether SC/ ST/ OBC/ PHYSICALLY HANDICAPPED :   Telephone No :
Select Category ▾   Enter Telephone No

Present Address :   Pincode :
Enter Present Address   Enter Present Pincode No

Permanent Address :   Pincode :
Enter Permanent Address   Enter Permanent Pincode No

Mobile No :   Email ID :
Enter Mobile No   Enter Email ID

Nationality :   Foreign Nationals will need to obtain clearance before joining Training Programme From:
India ▾   1. Ministry of External Affairs. / Ministry of Home Affair.
                                         2. Medical Council of India Registration

Password :   Confirm Password :
Enter Password   Enter Confirm Password

                                         Pancard Number :
                                         Enter Pancard Number

Verification Code :   Verification Code :
J X 9 U B   Enter Verification Code

[REGISTER]   [CLEAR]

After Successful Registration you will receive email with credentials

---

TMC - Online Registration Details Inbox ×   ⤢ 🖨 ↗

TMC - Tata Memorial Centre   Wed, 19 Jan, 11:14 (3 days ago) ☆ ↩ ⋮
to me ▾

Dear KAILAS

Application Number : TEST/2022/58

Password : Kailas@123

Date & Time : 19-01-2022 11:20:45

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/training/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 Training Cell- TMC

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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🏠 Instructions   ➕ New Registration   👤 Login   👁 Forgot Password   🔍 Search Application   ▌Help Desk

<u>LOGIN</u>

Login Here

Application Number :

TEST/2022/40

Password :

••••••••

LOGIN

FREQUENTLY VISITED	GLOBAL NAVIGATION	Tata Memorial Hospital	CONTACT US
Results	Gallery		TATA MEMORIAL HOSPITAL
Interview	How To Help Us		Dr. E Borges Road, Parel, Mumbai - 400 012 India
Careers	Disclaimer		Phone: +91-22- 24177000

3) HOME PAGE :

➢ You have to click on next button to complete the form

TATA MEMORIAL HOSPITAL
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🏠 Home   👤 Personal Info   🎓 Education Details   🖥 Experience Details   📖 Other Info   📄 File Upload   💳 Payment   ⚙ Change Password   ⏻ Logout

Proceed Next To Complete Application

Kindly click on next button for next step

Next

FREQUENTLY VISITED	GLOBAL NAVIGATION	Tata Memorial Hospital	CONTACT US
Results	Gallery		TATA MEMORIAL HOSPITAL
Interview	How To Help Us		Dr. E Borges Road, Parel, Mumbai - 400 012 India
Careers	Disclaimer		Phone: +91-22- 24177000, 24177300, 24161413
Examination	Policies & Terms Of Use		E-Mail : Hrdtraining@Tmc.Gov.In
Training Programmes	Site Map		
News & Press Releases			

4) PERSONAL INFOMATION 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

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

Applied for details

Application No :
TEST/2022/40

Advertisement No :
TEST/2022

Applied for Training/Course :
TEST TRAINING / COURSE NAME 2

Personal Information

Title: Mr.	**First Name :** TEST
Middle Name: TEST	**Last Name:** TEST
Date of Birth: 02/02/1998	**Gender:** Male
Single	TEST
Whether SC/ ST/ OBC/ PHYSICALLY HANDICAPPED : ST	**Telephone No :** Enter Telephone No
Present Address : TEST	**Pincode :** 400002
Permanent Address : TEST	**Pincode :** 400002
Mobile No : Enter Mobile No	**Email ID :** Enter Email ID
Nationality : India	Foreign Nationals will need to obtain clearance before joining Training Programme From: 1. Ministry of External Affairs. / Ministry of Home Affair. 2. Medical Council of India Registration
Pancard Number : CEEED4547D	

Back   **Update**   **Next**

5) EDUCATIONAL DETAILS PAGE
   ➢ You have to mention at least one education details
   ➢ Click next button to proceed next screen

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

Education Qualification Details

Degree: Select Degree	**If Other :** Enter Degree Name
Specialization: Enter Subject	**Institution/ College:** Enter Institution/ College Name
University : Enter University Name	**Result awaited :** Select
Passing Month : Select Month	**Passing Year :** Enter Passing Year
Percentage : Enter Percentage	

Add Qualification

Action	Edit Records	Sr.No	Degree	Specialization	Institute/college	University	Year/Month	Percentage	Result Awaited
Remove	Edit	1	M.S.	sub	college	UNIVERSITY NAME	FEB2020	60.00	Y

Back   **Next**

➢ To modify the details click on edit button and change details and click on update

Education Qualification Details

Degree:
Select Degree

If Other :
Enter Degree Name

Specialization:
Enter Subject

Institution/ College:
Enter Institution/ College Name

University :
Enter University Name

Result awaited :
Select

Passing Month :
Select Month

Passing Year :
Enter Passing Year

Percentage :
Enter Percentage

Add Qualification

Action	Edit Records	Sr.No	Degree	Specialization	Institute/college	University	Year/Month	Percentage	Result
Remove	Update Cancel	1	M.S.	sub	college	UNIVERSITY NAME	FEB2020	60.00	Y

Back   **Next**

6) PROFESSIONAL EXPERIENCE:

➢ You have to mention at least one experience details to proceed next
➢ To update details you have to click on edit button and change details and click on update
➢ Click next button to proceed next screen

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🏠 Home   👤 Personal Info   🎓 Education Details   📑 Experience Details   📖 Other Info   📄 File Upload   🖼 Payment   ⚙ Change Password   ⏻ Logout

Professional Experience Details

Post :
Enter Post Name

Institute / Organization / Company:
Enter Institute / Organization / Company Name

Salary :
Enter Salary

Nature of work :
Enter Nature of work

From Date :
dd/mm/yyyy

To Date :
dd/mm/yyyy

Add Experience

Action	Edit Records	Sr.No	Post	Company	Nature of work	Salary	From Date	To Date
Remove	Edit	1	POST1	COMPANY1	WORK1	0	01-01-2020	01-01-2022
Remove	Edit	2	POST2	COMPANY2	WORK	0	01-01-2020	01-01-2021

Back   **Next**

7) OTHER INFORMATION PAGE :

➢ If any other information you wish to add you have to mention here.

➢ Click on next button to proceed next screen.

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🏠Home | 👤 Personal Info | 🎓 Education Details | 🔁 Experience Details | 📘 Other Info | 📄 File Upload | 💳 Payment | ⚙ Change Password | ⏻ Logout

Medical Council Registration Details

Registration Category : (if applicable)
Other

If other Registration Category:
ABC

Registration Number :
816900423

Name of the Sponsoring Institute : (If applicable)
TATA HOSPITAL PAREL

Whether pursuing a career in Oncology :
NO

Whether attached to a Cancer Institue :
NO

Medical Council Place :
PAREL MUMBAI 400012

Registration Number :
8898412100

Current Employement

Current position/ Appointment Title :
POST2

Current appointment company :
TATA2

Appointment Date:

Appointment Date:
20/01/2022

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

Whether NOC is obtained :
NO

Other Information

Describe (in 150 words) your most notable contribution in Service, Teaching or Research. :
A paragraph is a series of related sentences developing a central idea, called the topic. Try to think about paragraphs in terms of thematic unity: a paragraph is a sentence or a group of sentences that supports one

Any other information you wish to add :
ANY OTHER TEST4

[Back] [Update] [Next]

8) UPLOAD FILE (PHOTOGRAPH, SIGNATURE, & ALL RELEVANT DOCUMENT) :

Here you will have to upload the photograph and signature
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 Educational / Qualification Certificate (Combined One PDF File of all certificate Which you have filled in application) in PDF Format (Maximum Size 5 MB) .
7) Upload Experience Certificate (Combined One PDF File of all Experience Certificate Which you have filled in application) in PDF Format (Maximum Size 5 MB) .
If (ST/SC CANDIDATE)
8) Upload Combined One PDF of Caste & Caste Validity Certificate in PDF Format (Maximum Size 5 MB) .
If (OBC/NT CANDIDATE)
8) Upload Combined One PDF of Caste & Caste Non Creamy Layer Certificate in PDF Format (Maximum Size 5 MB) .
If (PHYSICALLY HANDICAPED CANDIDATE)
8) Upload Physically Handicap Certificate in PDF Format (Maximum Size 5 MB) .

File Upload (Photo ,Signature & All Relevant Documents)

Choose Photo :

Choose File | No file chosen

Upload Photo

Choose Signature :

Choose File | No file chosen

Upload Signature

Choose D.O.B Certificate :

Choose File | No file chosen

Upload D.O.B Certificate

Choose Qualification Certificate :

Choose File | No file chosen

Upload Qualification Certificate

Choose Experience Certificate :

Choose File | No file chosen

Upload Experience Certificate

Choose Cast & Cast Validity Certificate:

Choose File | No file chosen

Upload Cast & Cast Validity Certificate

Action	SrNo	File Type	File Name	Image
Remove	1	P	Photo	
Remove	2	S	Signature	
Remove	3	B	DOB Certificate	Click Here To View Document
Remove	4	Q	Qualification Certificate	Click Here To View Document
Remove	5	E	Experience Certificate	Click Here To View Document
Remove	6	H	Physically Handicaped Certificate	Click Here To View Document

9) PAYMENT SCREEN :
  ➤ Kindly click on submit button to pay the fees (If Applicable.)

Home Personal Info Education Details Experience Details Other Info File Upload Payment Change Password Logout

Payment Details

SC/ST Candidates / Physically Handicap Candidates / Female Candidates are exempted from payment .
Note : Fees may be paid online (Only for Male Candidates) in favour of "TATA MEMORIAL CENTRE, PAREL, MUMBAI–400012" Read notification for amount to be paid

Gender : Male

Category Belong To : OPEN

Mode of Payment : ○ICICI Payment Gatway

Amount to pay : ○250

Back   Submit

➢ After clicking on next you will be redirected to bank server.

eazypay

Merchant : TATA MEMORIAL CENTRE
22/01/2022 12:01:52?

Payment Mode

Net Banking	Transaction ID	220122112572602
Debit Card	Amount	Rs.
Credit Card	Convenience Fee	Rs. 0.00
UPI	GST	Rs. 0.00
	TMH	**Rs.**

Mobile No : Optional   Email ID : Optional

Payer Name : Optional

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**

SC/ST Candidates / Physically Handicap Candidates / Female Candidates are exempted from payment .

➤ Select appropriate option and pay the fees

➤ After payment will redirected to payment receipt page

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PAYMENT RECIEPT

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 application
➤ **NOTE : after submission details you are not allowed to modify any details before submitting the application make sure that all details are correct.**

10) APPLICATION PREVIEW AND SUBMIT

➤ **Kindly check the application all details and check declaration and submit the application**
➤ **NOTE : after submission details you are not allowed to modify any details before submitting the application make sure that all details are correct**

🏠 Home | 👤 Personal Info | 🎓 Education Details | 🖥 Experience Details | 📖 Other Info | 📄 File Upload | 🖶 Payment | ⚙ Change Password | ⏻ Logout

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**

Applied for details

Application No :

TEST/2023/89

Advertisement No :

TEST/2023

Applied for Training/Course :

TESTING APPLICATION PLEASE DO NOT APPLY

➤ **After submission you will get the download application and fee receipt button**

🏠 Home | 👤 Personal Info | 🎓 Education Details | 🖥 Experience Details | 📖 Other Info | 📄 File Upload | 🖶 Payment | ⚙ Change Password | ⏻ Logout

Download Application

☑ 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.

Download Payment Receipt   **Download Application Form**

11) 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**

🏠 Instructions   👤+ New Registration   👤 Login   👁 Forgot Password   🔍 Search Application   🗄 Help Desk

FORGOT PASSWORD

Password Recovery

Application Number :

Enter Application Number

SEND OTP

12) SEARCH APPLICATION :

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

13) CONTACT US :

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