[OFFICE OF THE DIRECTOR ACADEMICS]

R E S U L T (ADVT.No.15/2023)

SENIOR RESIDENT in PATHOLOGY

Selected candidate should report at <u>Homi Bhabha Cancer Hospital & Research Centre</u>, <u>Aganampudi</u>, <u>Gajuwaka Mandalam</u>, <u>Visakhapatnam</u> with the following **ORIGINAL documents & Self attested 2 sets of copies**:

Check List:-

| Sr.No. | <u>Documents</u> | ✓ Submitted | | <u>Remarks</u> |
|--------|--|-------------|----|----------------|
| | | YES | NO | |
| 1 | Nationality Certificate (Passport copy/School Leaving/Domicile) | | | |
| 2 | Birth Proof (PAN/Driving License /Birth certificate) | | | |
| 3 | MBBS/BDS(I,II,III Part-I& Part-II),MD,MS,MDS,DM,MCh Marksheet | | | |
| 4 | MBBS/BDS Internship Completion Certificate | | | |
| 5 | MBBS/BDS,MDS,MD,DNB,MCh,DM Passing and Degree | | | |
| 6 | MBBS/BDS,MDS,MD,DNB,MCh,DM, Attempt Certificate | | | |
| 7 | Maharashtra Medical Council registration | | | |
| | OR | | | |
| | State Council Registration(MBBS/BDS/MD/DNB/MCh/DM) | | | |
| 8 | NMC (MCI) recognized registration certificate (MBBS/MD/DNB/MCh/DM) | | | |
| 9 | BDS/MDS Dental Medical Council Registration | | | |
| 10 | PAN card copy (2 copies) | | | |
| 11 | Aadhar card copy | | | |
| 12 | One cancelled Cheque OR Bank passbook | | | |
| | (For payment purpose) | | | |
| 13 | Passport size photographs (05) | | | |
| 14 | Experience certificate, if any | | | |
| 15 | Resignation letter OR Reliving Order, if any | | | |

Selected candidate is required to give his acceptance immediately by email: hrd@hbchrcv.tmc.gov.in

| SELECTED CANDIDATE | | | | |
|--------------------|--|--|--|--|
| Dr. RAJIV SAVALA | | | | |

Note: Selected candidates who failed to produce any documents as per our Advertisement 15/2023, his/her selection will stand cancelled.