



**HOSPITAL BASED CANCER REGISTRY & PATTERN
OF CARE SURVIVAL STUDIES
REGIONAL CANCER CENTRE, JIPMER**



Hall Ticket for Written Examination to the post of
DATA ENTRY OPERATOR (Gr. A)
Under NCRP -ICMR– HBCR & POCSS

Name of the Candidate :

Roll No:

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Date of Birth:

Age & Gender:

Address:

Contact Number:

Paste your Passport
Size Photograph
attested with
gazette officer

Signature of the Candidate

Signature of the Invigilator



Invigilator Copy



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