

HOSPITAL BASED CANCER REGISTRY & PATTERNS OF CARE AND SURVIVAL STUDIES

REGIONAL CANCER CENTRE, JIPMER

Hall Ticket for Written Examination to the post of
SCIENTIST-B (MEDICAL)
Under NCRP -ICMR– HBCR & POCSS



Name of the Candidate:

Roll No:

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Date of Birth:

Age & Sex:

Address:

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Paste your Passport
Size Photograph
attested with
gazette officer

Contact Number:

Signature of the Candidate

Invigilator Copy

Signature of the Invigilator

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