

**HOSPITAL BASED CANCER REGISTRY & PATTERN OF CARE
SURVIVAL STUDIES**

REGIONAL CANCER CENTRE, JIPMER

Hall Ticket for written examination to the post of
STATISTICIAN

Under NCRP -ICMR- HBCR & POCSS



Name of the Post:

Name of the Candidate:

Roll No:

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Date of Birth:

Age & Sex:

Address:

Contact Number:

Paste your Passport
Size Photograph
attested with
gazette officer

Signature of the Candidate

Signature of the Invigilator



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