



DR. BHUBANESHWAR BOROOAH CANCER INSTITUTE
A GRANT-IN-AID INSTITUTE OF DEPARTMENT OF ATOMIC ENERGY, GOVT. OF INDIA
AND A UNIT OF TATA MEMORIAL CENTRE (MUMBAI)
GOPINATH NAGAR, GUWAHATI-781016
ASSAM, INDIA

No. BBCI-TMC/ACA/Pt-III/ 2872/2023

date: 03/11/2023

ADMISSION NOTIFICATION

Applications are invited from Indian Citizens for the following paramedical courses at Dr. B. Borooah Cancer Institute, Guwahati-781016.

Sl. No	Course	Seats	Affiliated to	Admission fee & Tuition fee
1.	B.Sc in Medical Laboratory Technology	10	Srimanta Sankaradeva University of Health Sciences, Assam	Admission fee Rs. 10000/- (One time) and Tuition fee Rs.1000/- per month
2.	B. Sc in Anaesthesia and Critical Care	10		
3.	Two year Diploma Programme in Radiotherapy Technology	10		
4.	One Year Diploma Course of OT & CSSD Technology	10		

Eligibility:

- Be a permanent resident of Assam and must furnish a Permanent Resident Certificate.
- The minimum qualification for selection of the candidates is H.S.S.L.C. (Science) (10+2) (in the year 2023 or earlier) or equivalent with Physics, Chemistry and Biology with a minimum of 45% marks in case of General Candidates and 40% for OBC/MOBC, SC, ST(P) and ST(H) candidates.
- Candidate must be minimum of 17 years on 31st December of the year in which admission is sought.
- Seats will be distributed as per reservation category.
- Since number of seats is very less, the reservation will be in rotation in the following years.
- If no candidates from reserved categories are found eligible, the seats will be open to general category.

PTO:-



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g) Reservation of seats for the session 2023-2024 will be as follows-

	SC	ST(P)	ST (H)	OBC	EWS	PwD	UR
B.Sc in Medical Laboratory Technology	1	1	1	1	1	---	5
B. Sc in Anaesthesia and Critical Care	--	1	1	2	1	----	5
Two year Diploma Programme in Radiotherapy Technology	1	1	---	2	1	1	4
One Year Diploma Course of OT & CSSD Technology	1	1	----	1	1	1	5

Please visit www.bbcionline.org → Bulletin → admission for full details. Form available for download and guidelines to fill-up same available on website.

IMPORTANT DATES:

- Date of issue of forms (Online): From **10.11.2023 (Friday)**
- Last date of submission of duly filled in Application Form : **28.11.2023 (Tuesday)** till 05.00 PM
- Date of Publication of short listed candidates: **05.12.2023 (Tuesday)** (Notice Board of the Institute/ BBCI Website)
- Counseling and admission: **08.12.2023 (Friday)** (From 10.00 am-1.00 PM for General Category and from 2.00 PM- 5.00 PM for Reserved Category)
- 2nd Round Counseling and admission if necessary: Will be notified in website
- Commencement of classes: Will be notified in website

Interested candidates may submit duly filled form physically or by post/courier with self-attested required documents to the Office of the Deputy Director (Academics), Dr. B Borooah Cancer Institute, OPD Building, 2nd Floor, BBCI Library, A. K Azad Road, Gopinath Nagar, Dist- Kamrup (Metro), Guwahati-781016. Please visit www.bbcionline.org → Bulletin → admission, to download, form, guidelines to fill form and checklist.

The institute is not responsible for the forms not received within the stipulated time. Late submission/ incomplete applications will be rejected and no correspondence will be entertained in this regard.

Candidates from the North Eastern States will be given preference.

Dy Director (Academics)
Dr. B. Borooah Cancer Institute
Guwahati-16

GUIDELINES FOR FILLING FORM

1. Candidates are to download 'APPLICATION FORM' from BBCI website www.bbcionline.org.
2. Duly filled form may submit to the **Office of the Deputy Director (Academics), Dr. B. Borooah Cancer Institute, OPD Building, 2nd Floor (Library), A. K. Azad Road, Gopinath Nagar, Dist - Kamrup (M), Guwahati - 781016, Assam, India.**
3. Candidate must superscribe in the envelope as “**Application for the Paramedical Course at Dr. B. Borooah Cancer Institute**”.
4. The Institute is not responsible for forms not received within the stipulated time. Late receipt of forms will be automatically not considered.
5. Please fill the form in BLOCK LETTER LEGIBILITY IN BLUE/BLACK BALL POINT PEN
6. Affix recent colour photograph in space provided, don't staple.
7. A fee of Rs. 500/- is to be paid online along with the application.
8. Fee has to be paid online, details are provided in the form. Transaction number should be mentioned in the space provided.
- 9 **Candidate will be shortlisted purely based on Merit as per Marks obtain Physics, Chemistry and Biology in HS Examination.**
- 10 Counseling will immediately be followed by verification of original documents and admission.
- 11 At time of admission Rs.11,000/- has to be paid by candidate (Admission fee Rs. 10,000/- & one month tuition fee Rs. 1000/-)
12. No refund of fees possible after admission taken.

Correspondence

O/o The Deputy Director (Academics)

Dr. B. Borooah Cancer Institute OPD
Building 2nd Floor (Library)
A. K. Azad Road, Gopinath Nagar Dist -
Kamrup (M), Guwahati-781016 Assam,
India



6. Academic Qualification

Name of Examination	Council	College	Year	Division/Class	Total Marks	Marks in PCB	% in PCB
HS (Science)							

7.

Category			
<input type="checkbox"/> General	<input type="checkbox"/> OBC / MOBC	<input type="checkbox"/> SC	<input type="checkbox"/> ST/P
<input type="checkbox"/> ST/H	<input type="checkbox"/> EWS	<input type="checkbox"/> PWD	<input type="checkbox"/>

8. BANK DETAILS FOR PAYMENT :

A/c No. 18380100000551

Type of Account - Savings Account

Name - M/S DR. BBCI TEACHING & TRAINING

Branch - Gopinath Nagar

IFS Code - IOBA 0001838

Transaction Number : _____

Amount Paid : _____

Rupees in word : _____

11. CHECKLIST OF DOCUMENTS ATTACHED

- a) FILLED APPLICATION FORM
- b) PASSPORT SIZE PHOTO
- c) ADDRESS PROOF
- d) AGE VERIFICATION CERTIFICATE
- e) MARK-SHEET OF QUALIFYING EXAM
- f) PROOF OF PAYMENT
- g] CERTIFICATE IN SUPPORT OF QUOTA APPLIED FOR.

12. Declaration by Applicant :

I declare that the information given above is correct and complete to the best of my knowledge. If any of the above information is found to be incorrect, my admission will be liable to be cancelled and I shall be liable to disciplinary action as may be decided upon the Institute.

Signature of the Applicant

Date : _____

Signature of the Parent/ Guardian

Date : _____

Health/Medical Information Form
(PLEASE WRITE IN BLOCK LETTERS)

Name of the candidate : _____

Name of the father : _____ Name of mother : _____

Residential address : _____

MEDICAL INFORMATION

Blood Group : _____

History of any major illness (if any) : _____

Allergies to medicine or food (if any) : _____

MEDICAL FITNESS CERTIFICATE:

(Doctor's Name, Qualification and Regd. No. to be mentioned)

Seal & Signature of Doctor/Physician with Registration Number

Signature of Applicant

Signature of Guardian

ANNEXURE – I

UNDERTAKING BY THE CANDIDATE/STUDENT

- 1) I,.....S/o D/o of Mr./Mrs/Ms.....,having been admitted to, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutes,2009' (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging ,activity or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that-
 - a) I will not indulge in any behaviour or act that may constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging ,I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared thisday of month of year.

.....
Signature of deponent
Name :

ANNEXURE - II

UNDERTAKING BY THE PARENT/GUARDIAN

- 1) I,Mr./Mrs./Ms.....
 Father/mother/guardian of..... ,
 have been admitted to.....,have received a copy of the
 UGC Regulations on Curbing the Menace of Ragging in Higher Educational
 Institution,2009,(hereinafter called the "Regulation"),carefully read and fully understood the
 provisions contained in the said Regulations.
- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes
 ragging.
- 3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the
 penal and administrative action that is liable to be taken against me in case I am found guilty of or
 abetting ragging, activity or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that -
 - a) My ward will not indulge in any behaviour or act that may constituted as ragging under clause 3
 of the Regulations.
 - b) My ward will not participate in or abet or propagatate through any act of commission or
 omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging ,my ward is liable for punishment according to clause
 11.1 of the Regulations, without prejudice to any other criminal action that may be taken
 against myward under any penal law or any law for the time being in force.
- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution
 in the country on account of being found guilty of abetting or being part of a conspiracy to promote,
 ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my
 ward is liable to be cancelled.

Declare this.....day ofmonth ofyear.

.....
 Signature of deponent

Name:

Address:

Telephone/Mobile No.: