



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/ 454 /2024

Date: 24/09/2024

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 & Tution fee
1.	B.Sc in Medical Laboratory Technology	10	Srimanta Sankaradeva University of Health Sciences, Assam	Admission fee Rs. 10000/- (One time) and Tution 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:

- Candidate must have appeared Paramedical Entrance Examination (PEE), 2024 conducted by Srimanta Sankaradeva University of Health Sciences.
- Candidate will only be selected based on the Rank/Marks obtained in Paramedical Entrance Examination (PEE), 2024 conducted by Srimanta Sankaradeva University of Health Sciences. *The Institute will strictly follow the SSUHS Educational Notice vide no- SSUHS/182/2024/Ex/10012 dated: 09.08.2024 for admission into the paramedical courses.*
- Be a permanent resident of Assam and must furnish a Permanent Resident Certificate.
- Seats will be distributed as per reservation category.
- Since number of seats is less, the reservation will be on a rotation basis in the following years.
- If no candidates from reserved categories are found eligible, the seat will be open to general category.

PTO:-



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g) Reservation of seats for the session 2024-2025 will be as follows-

	SC	ST(P)	ST (H)	OBC	EWS	PwD	UR
B.Sc. in Medical Laboratory Technology	1	1	0	2	1	1	4
B. Sc. in Anaesthesia and Critical Care	1	1	0	1	1	1	5
Two year Diploma Programme in Radiotherapy Technology	0	1	1	1	1	0	6
One Year Diploma Course of OT & CSSD Technology	1	1	1	2	1	0	4

Please visit www.bbcionline.org → Admission Notice for full details. Form and Guidelines for filling the forms are available for download on the website.


IMPORTANT DATES:

- Date of issue of forms (available in Website): From **25. 09.2024 (Wednesday)**
- Last date of submission of duly filled in Application Form in Hard Copy : **10.10.2024 (Thursday)** till 04:00 PM
- Date of Publication of short listed candidates: **25.10.2024 (Friday)** (Notice Board of the Institute/ BBCI Website) (As per the marks obtained in PEE, 2024 conducted by SSUHS)
- Counseling and admission: **05.11.2024 (Tuesday)** from 10:00 AM (Counseling will be started first for UR Category followed by Reserved Category)
- Admission will be follow immediately on acceptance of available seat at counseling
- 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 super scribe 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 color 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 the marks/ percentile obtained in Paramedical Entrance Examination (PEE), 2024 Conducted by SSUHS. Institute will follow University Educational Notification SSUHS/182/2024/Ex/10012 dated: 09.08.2024 in this regard.**
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



Dr. Bhubaneswar 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

Application Form No: _____

Application Form for Admission into the Paramedical Courses:

- A. B. Sc. in Medical Laboratory Technology
- B. B. Sc. in Anaesthesia and Critical Care
- C. Two year Diploma Programme in Radiotherapy Technology
- D. One Year Diploma Course of OT & CSSD Technology

*Affix your recent
passport size
photograph here
with your
signature across*

1. Paramedical Entrance Exm., 2024 Roll No. _____
2. Ent. Exm Rank _____ Marks obtain in Ent. Exm _____
3. Marks obtained in HS (Science): _____
- Total Marks: _____ Percentage: _____

4. (a) Title preferred (Tick and one in the appropriate box)

Mr. ☐

Mrs. ☐

Ms. ☐

- (b) First Name
(Block Letter)

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- (c) Middle Name
(Block Letter)

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- (d) Last Name
(Block Letter)

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4. Date of Birth

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6. Sex

Male ☐

Female ☐

7. Permanent Address:

Nationality: _____

Father/ Gurdian's Name: _____

Village/ Town Area: _____ P.O. _____

District: _____ P.S. _____

PIN _____ State _____ Phone No _____

8. Present Address:

Nationality: _____

Father/ Gurdian's Name: _____

Village/ Town Area: _____ P.O. _____

District: _____ P.S. _____

PIN _____ State _____ Phone No _____

9. Academic Qualification:

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

10. Category:

General ☐

OBC/MOBC ☐

SC ☐

ST(P) ☐

ST(H) ☐

EWS ☐

PWD ☐

11. Bank Details for Payment:

A/c No : 1 8 3 8 0 1 0 0 0 0 0 5 5 1

Type of Account : Saving Account

Name : M/S DR. BBCI TEACHING & TRAINING

Branch : Gopinath Nagar

IFS Code : IOBA0001838

Transaction Number : _____

Amount Paid : _____

Rupees in Word : _____

12. CHECKLIST OF DOCUMENTS ATTACHED

(a) Filled Application form ☐

(b) Passport Size Photo ☐

(c) Address Proof ☐

(d) Age Verification Certificate ☐

(e) Marksheet of Class XII Exam ☐

(f) Proof of Payment ☐

(g) Certificate in Support of Quota Applied for ☐

(h) PEE Admit card ☐

(i) PEE Marksheet/Ranksheet ☐

13. Declaration by Applicant:

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

Signature of the Applicant

Date: _____

Signature of the Parent/Guardian

Date: _____

Health/ Medical Information Form

(Please write in the BLOCK LETTERS)

Name of the Candidate : _____

Father's Name : _____ Mother's Name _____

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 & Regd. No. to be mentioned)

Seal & Signature of Doctor / Physician with Registration Number)

Signature of the Applicant

Date: _____

Signature of the Parent/Guardian

Date: _____

ANNEXURE – I

UNDERTAKING BY THE CANDIDATE / STUDENT

1. I,, S/o D/o Mr/Mrs/Ms, having been admitted to

....., have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institute, 2009 (hereinafter called the “Regulations”) carefully read and fully understood the previous contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and I am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 & 9.1 of the Regulations and I am fully aware of the penal and administrative action i.e. liable to be taken against me in case I am found guilty of or abetting Ragging, actively 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 behavior 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 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.

Date : _____

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 (herein after 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 I am aware as to what
constitutes ragging.
3. I have also, in particular, perused clause 7 & 9.1 of the Regulations and I am fully aware of
the penal and administrative action i.e. liable to be taken against my ward in case my ward
found guilty of or abetting Ragging, actively 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 behavior or act that may constituted as Ragging
under clause 3 of the Regulations.
 - (b) My ward 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, 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 my ward under any panel 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.

Date: _____

Signature of Deponent
Name: