



P. O. Moozhikkara, Thalassery,  
Kannur - 670 103, Kerala, S. India

# **MALABAR CANCER CENTRE**

*(an autonomous centre under Government of Kerala)*

Tel : +91 490 2355881  
Fax : +91 490 2355880  
E-mail : mcctly@gmail.com  
Website : www.mcc.kerala.gov.in

## **Guidelines for submitting BCCPAN Application**

1. Please note the following dates

**Last Date of Application : 21-05-2018**

**Date of Interview : 04-06-2018**

2. **Age:** Maximum age limit 40 years
3. The filled application form along with self attested copies of certificates (for proving age, qualification, experience, etc.) should be forwarded to

**Dr. MS. Biji**  
**The Course Co-ordinator**  
**Department of Palliative Medicine**  
**Malabar Cancer Centre,**  
**Moozhikkara PO, Thalassery, Kerala-670103**

without fail so as to reach on or before **21/05/2018 till 5 pm.**

4. For any clarifications please contact

➤ **Dr. MS Biji**, Assistant Professor & Course Co-ordinator at (+91) **9496048807** or E-mail: **bijims@gmail.com**

➤ **Mrs. Abhina S S** , 9567148362 or [abhinass99@gmail.com](mailto:abhinass99@gmail.com)



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## Application form for BASIC CERTIFICATE COURSE IN PALLIATIVE AUXILIARY NURSING (BCCPAN), 2018

1.	Name		Paste Stamp Size Photograph here																	
2.	Date of Birth																			
3.	Sex																			
4.	Address for Correspondence	District: _____ State: _____ PIN: _____																		
5.	Academic Qualifications																			
	<table border="1"><thead><tr><th>Sl. NO</th><th>Qualification</th><th>Year of Passing</th><th>Board/University</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>	Sl. NO	Qualification	Year of Passing	Board/University															
Sl. NO	Qualification	Year of Passing	Board/University																	
6.	Email Address, if any																			
7.	Phone Number																			
8.	Mobile																			
9.	Fax number, if any																			
10.	Give details of nearest palliative care facility, you know of																			
11.	Any previous experience in Palliative care																			
12.	How will you implement the knowledge gained on this course																			
<b>Declaration:</b> I ..... declare that the details furnished in the application are true to the best of my knowledge and belief.																				

Place:

Date :

Signature of the Applicant