



REGIONAL CANCER CENTRE
POST BOX NO.2417
MEDICAL COLLEGE. P. O.
THIRUVANANTHAPURAM- 695 011

REQUIRES

Assistant Professor, Medical Oncology (Temporary on contract basis) - 2 Posts

Term of appointment : One year

Monthly Contract Pay : Rs. 1,00,000/-

Qualifications

1. A medical qualification included in schedule I & II or part III of the third schedule of the Indian Medical Council Act of 1956 (candidates possessing the qualifications included in Part-II of the third schedule should also fulfill the conditions specified in section 13(3) of the Act.)
2. A Post Graduate qualification ie. DM/DNB Medical Oncology or recognized qualification equivalent thereto.
3. 1 year teaching and / or research experience in a recognized institution after obtaining the 2 years DM qualification (no experience required for those who have passed 3 year course) .

CONDITIONS

Age Limit: Age should not exceed **46 years** as on the closing date for submission of application. However, relaxable for Scheduled Caste / Scheduled Tribe / OBC as per rules.

Last Date : 31/10/2019

Application Form is available in the website www.rcctvm.gov.in.

- The application in the downloaded form, complete in all respects shall be submitted along with **self-attested copies of certificates proving Age, Qualifications, Experience, Medical Council Registration and any other relevant testimonials** to the following address. Application should be superscribed with the name of the post applied for.

THE DIRECTOR
POST BOX NO. 2417
REGIONAL CANCER CENTRE
MEDICAL COLLEGE P.O
THIRUVANANTHAPURAM 695 011

DIRECTOR

No.RCC/710/2019-ADMN 1
12/10/2019



**REGIONAL CANCER CENTRE
THIRUVANANTHAPURAM**

**APPLICATION FORM FOR THE POST OF ASST. PROFESSOR, MEDICAL ONCOLOGY
(TEMPORARY/CONTRACT)**

Affix a Passport Size
Photograph

1. Advertisement No.:

2. Post Applied for:

3. Name in Block Letters

4. Father / Husband's Name in Block Letters

5. Permanent Address

PIN

6. Contact Address

PIN

7. Phone Number

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8. Mobile Number

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9. Email Id

10. Date of Birth (DD/MM/YYYY)

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11. Age as on 31/10/2019.

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12. Whether belong to SC/ST/OBC/Internal. If Yes, Specify and attach documentary evidence

Yes/No	Specify	
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13. Sex (F/M)

14. Educational Qualifications (MBBS onwards)

Sl. No.	Subject / Discipline/ Specialty	College	University	Registration No & Year of Passing	MCI Regn.No

15. Travancore- Cochin Council of Modern Medicine Registration Number

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16. Details of Teaching Experience (Post PG)

Sl. No.	Institution	Post Held	From	To	Total Experience in Years

17. Publications (Copy of Publications/Conference. Certificate to be Produced at the time of Interview):

a. Journal articles

Author/s. 'Article title' Journal Name. Year/Vol.No (issue No): Page No/s.

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b. Conference papers

Author/s. 'Title of Paper'. In: Conference, Month, Year (to be supported by certificates)

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c. Books/Chapters in Books:

Author/s. 'Title of chapter'. In: Title of Book/edited by Names-Edition no- Publisher, year. Page No/s.

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18. Investigator Initiated Research Projects:

a. As principal Investigator

Sl.No	Title	Funding Agency

b. As Co-Investigator

Sl.No	Title	Funding Agency

19. Professional Awards/Patents/Distinctions:

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Declaration: I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that if any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Signature of the Candidate:

Name of the Candidate :

Date:

Place: