



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

Applications are invited from qualified candidates for appointment to the post of **SENIOR RESIDENT** in Regional Cancer Centre, on contract basis on consolidated salary of Rs.70,000/- per month in the following specialties. **The period of appointment as Senior Resident will be one year.**

SPECIALTY	NO. OF POSTS	QUALIFICATION
Anesthesiology	2	MD Anesthesia or its equivalent from a recognized institution
Radiodiagnosis	2	MD Radio diagnosis or its equivalent from a recognized institution.
Palliative Medicine	1	MD in Palliative Medicine/General Medicine/Anesthesiology/Radiotherapy or its equivalent from a recognized institution.

**TERMS AND CONDITIONS**

Age Limit: Age should not exceed 35 years as on the closing date for submission of application with Relaxation to Scheduled Caste / Scheduled Tribe/ OBC as per rules (If sufficient candidates within the age limit are not available, relaxation of age up to 5 years will be given, if necessary).

**Those who have already completed 3 years of service as Sr.Resident in RCC shall not apply.**

Last Date : **16/09/2019**

Applications in the downloaded form completed in all respects shall be submitted along with self-attested copies of certificates proving age, qualification, experience, Travancore-Cochin Modern Medicine Registration and any other relevant testimonials at the following address. The selection and appointment will be subject to general recruitment rules of the Centre. All applications 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/ 953/ 2019/ Admn.I  
06/09/2019



9. Email Id


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

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11. Age as on 16/09/2019

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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) (Self attested copies shall be submitted)

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

15. Modern Medicine Registration Number

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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: