



REGIONAL CANCER CENTRE
THIRUVANANTHAPURAM-695011
Ph.No.0471-2442541, Fax: 2447454
Website-www.rcctvm.gov.in

RCC/399/2022-ADMN7

24/08/2023

NOTIFICATION

Nursing Assistant (on contract basis)

Applications are invited in prescribed format from eligible candidates possessing the following qualifications for selection to the post of Nursing Assistants in Regional cancer Centre on Contract basis.

| | |
|-----------------------|---|
| Qualification | 1. S.S.L.C pass or its equivalent 2. A pass in 2 year Nursing Assistants Training course from Government institution |
| Experience | One year experience in a hospital having minimum 100 beds. |
| No. of Vacancy | 11 (Eleven) |
| Tenure of appointment | 179 days |
| Age limit | 18-36.Only candidates born between 02.01.1988 and 01.01.2006 (both dates included) are eligible to apply for this post. Other backward communities and SC/ST candidates are eligible for usual age relaxation |
| Remuneration | Rs.16500/- (Consolidated) per month |

Interested candidates who have the prescribed qualifications may **download the application form** from the RCC website (www.rcctvm.gov.in). Filled in and signed application form affixing recent passport size photograph along with self-attested copies of the following documents should reach 'The Director, Regional Cancer Centre, Medical College P.O, Thiruvananthapuram-695011, Kerala, India' latest by 3.30 pm on **08/09/2023**.

1. Proof of age
2. Proof of qualification & experience
3. CV/Bio data

Applications without the above documents will be rejected.

DIRECTOR

To

Notice Board/RCC Website

REGIONAL CANCER CENTRE, THIRUVANANTHAPURAM

APPLICATION FORM

| | |
|--|--------------------------------------|
| Name of Post | Nursing Assistants on Contract basis |
| Name of the Applicant (in block letters) | |
| Age & Date of Birth | |
| Religion & Caste | |
| Address for Communication with Pincode | Permanent Address |
| | |
| Mobile No: | Mobile No: |
| Email ID : | |

EDUCATIONAL QUALIFICATIONS

| Name of Examination passed | Board / University | Reg.No | Year & month of Passing |
|----------------------------|--------------------|--------|-------------------------|
| | | | |

EXPERIENCE

| Name of Institution | Post held | Period (from - to) | Duration |
|---------------------|-----------|--------------------|----------|
| | | | |

I hereby declare that the above entries are true to the best of my knowledge and belief

Place:

Date:

SIGNATURE OF THE CANDIDATE