



REGIONAL CANCER CENTRE, THIRUVANANTHAPURAM  
Phone: 0471-2522278, Website – [www.rcctvm.gov.in](http://www.rcctvm.gov.in)

RCC/462/2022/ADMN-2

05/09/2022

**Notification**

**NUCLEAR MEDICINE TECHNOLOGIST (On Contract Basis)**

Applications are invited in the prescribed format from eligible candidates possessing the following qualifications for selection to the post of **Nuclear Medicine Technologist** in Regional Cancer Centre, Thiruvananthapuram on contract basis.

**Qualification & Experience**

Essential : A Bachelor's degree in Nuclear Medicine Technology from a University recognized by AERB.

OR

- (i) Bachelor's Degree in Science from a University and
- (ii) Post Graduate Degree/Diploma in Nuclear Medicine Technology from a University recognized by AERB.

Desirable : Knowledge in Computer Operation  
Term of engagement : Initial contract period will be one year on a monthly remuneration of ₹ 40,000/- and extendable for up to three years based on the performance.  
Age limit : Not exceeding 36 years as on 01/07/2022 (relaxation of upper age limit will be given to SC/ST and OBC candidates as per existing norms)

Interested candidates who possess the above qualifications may download the application from the RCC Website ([www.rcctvm.gov.in](http://www.rcctvm.gov.in)). Filled in and signed application form affixing recent passport size photograph along with the self-attested copies of the following documents should reach 'The Director, Regional Cancer Centre, Medical College P.O., Thiruvananthapuram-695011, Kerala, India latest by 3.00 p m on 26/09/2022.

- i. Proof of age
- ii. Proof of Qualification & Experience
- iii. CV/Bio data

***\*Applications without the above listed documents will be rejected.***

  
DIRECTOR

To  
Notice Board/RCC Website.



**REGIONAL CANCER CENTRE, THIRUVANANTHAPURAM**  
**APPLICATION FORM**

<b>Name of Post</b>	
<b>Name of the Applicant (in block letters)</b>	
<b>Age &amp; Date of Birth</b>	
<b>Religion &amp; Caste</b>	
<b>Address for Communication with Pincode</b>	<b>Permanent Address</b>
<b>Contact No:</b>	<b>Contact No:</b>
<b>Email ID :</b>	

**EDUCATIONAL QUALIFICATIONS**

<b>Name of Examination passed</b>	<b>Board/ University</b>	<b>Reg.No</b>	<b>Year &amp; month of Passing</b>

**EXPERIENCE**

<b>Name of Institution</b>	<b>Post held</b>	<b>Period (from - to)</b>	<b>Duration</b>

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

Place:

Date:

**SIGNATURE OF THE CANDIDATE**