



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

RCC/1099/2021/ADMN-2

31/01/2024

**REQUIRES**

**RADIOLOGIST (On Part Time Basis)**

Applications are invited in the prescribed format for the post of **RADIOLOGIST on part time basis** possessing the following qualifications in Regional Cancer Centre, Thiruvananthapuram.

**QUALIFICATION & EXPERIENCE**

<b>Basic Qualification</b>	<b>: Must have MD/DNB in Radiodiagnosis</b>
<b>Desirable</b>	<b>: Work experience in RCC</b>
<b>Nature of Work</b>	<b>: Cross Sectional Imaging reporting</b>

***(Reporting can be done at any time including weekends. No stipulated working hours/days)***

Interested candidates who possess the above qualification may download the application from 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", latest by 3.00 PM on 10/02/2024.**

- i. **Proof of Qualification & Experience**
- ii. **TCMC Registration Certificate**
- iii. **CV/Bio data**
- iv. **NOC from currently employed Institution (if applicable)**

**\* Applications without the above listed documents will be rejected**  
***(The selected candidate should execute a MOU with RCC)***

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**DIRECTOR**



## **REGIONAL CANCER CENTRE, THIRUVANANTHAPURAM**

### **APPLICATION FORM**

<b>Name of Post</b>	<b>RADIOLOGIST ON PART TIME BASIS</b>
<b>Name of the Applicant (in block letters)</b>	
<b>Age &amp; Date of Birth</b>	
<b>Address for Communication with Pin code</b>	<b>Permanent Address with Pin code</b>
<b>Contact No</b>	
<b>Email ID :</b>	
<b>TCMC Registration No:</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**