

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 the Pay band of Rs.15600 – 39100 with Grade Pay Rs. 6600/- in the following specialties. **The tenure of appointment to this post will be for a maximum period of one year.**

SPECIALTY	NO. OF POSTS	QUALIFICATION
Medical Oncology	1	MD (General Medicine / Paediatrics) or its equivalent from a recognized institution.
Nuclear Medicine	2	MD Nuclear Medicine/MD Radiotherapy/MD Medicine with DRM or DNM/MD Radiodiagnosis /MD Biophysics or its equivalent qualifications in Biophysics with DRM or DNM or DNB in Nuclear Medicine.
Surgical Services (Orthopedics)	1	MS (Orthopedics) 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.

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

Last Date : **18/05/2019**

Application in the downloaded form completed in all respects shall be submitted alongwith 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. 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/ 953/ 2019/ Admn.I
Date: 24/04/2019

9. Email Id

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

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11. Age as on 18/05/2019

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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: