



REGIONAL CANCER CENTRE, THIRUVANANTHAPURAM
Phone: 0471-2522278, Website – www.rcctvm.gov.in

RCC/1046/2021-ADMN4

22/11/2021

REQUIRES

Radiotherapy Technologist (on contract basis)

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

Qualification & Experience

- Essential** : B.Sc. MRT from a recognized Institution as approved by AERB or Equivalent qualification as approved by AERB.
- OR**
- (i) Degree in Science.
(ii) Pass in certified Radiological Assistants Course/ Diploma in Radiological Technician Course (2 years duration) from Medical College or its equivalent.
(iii) One year post qualified experience in the specialty.
(iv) Training and Safety Certification Course conducted by BARC.
- Desirable** : Knowledge in Computer Operation
- Term of engagement** : 179 days
- Number of vacancy** : 5 (Nos.)
- Age limit** : 18-36. Only Candidates born between 02.01.1985 and 01.01.2003 (both dates included) are eligible to apply for this post. Other backward Communities and SC/ST candidates are eligible for usual age relaxation

Interested candidates who possess the above qualifications may download the application from the RCC website. 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 3.30 p.m. on 10/12/2021.

- i. Proof of age
- ii. Proof of qualification & experience
- iii. 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	
Name of the Applicant (in block letters)	
Age & Date of Birth	
Religion & Caste	
Address for Communication with Pincode	Permanent Address
Contact No:	Contact 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