



REGIONAL CANCER CENTRE
THIRUVANANTHAPURAM

Applications are invited for the following Apprenticeship training Programmes/Courses in Regional Cancer Centre.

1. APPRENTICE TRAINING PROGRAMME FOR OPERATION THEATRE TECHNICIANS (ANAESTHESIA)

No. of Seats : 2 (Two)

Qualification : Diploma in Operation Theatre Technology (Anaesthesia)
from an institution recognized by the DME Kerala

Stipend : ₹7,000/- (Rupees seven thousand only) per month

2. ADVANCED TRAINING IN CLINICAL LABORATORY TECHNOLOGY

No. of seats : 4 (Four)

Qualification : I or II Class BSc. Degree in the Life
Sciences/Zoology/Botany/Biochemistry/Chemistry (from an
institution recognized by the University of Kerala) and DMLT
(from an institution recognized by the DME Kerala)

OR

I or II Class BSc MLT Degree (from an institution recognized by
the KUHS)

Stipend : ₹7000/- (Rupees Seven Thousand Only) per month

3. ADVANCED TRAINING IN BLOOD BANKING AND TRANSFUSION TECHNOLOGY

No. of seats : 2 (Two)

Qualification : I or II Class BSc Degree in Life sciences/Zoology/
Botany (from an institution recognized by the University
of Kerala) and DMLT (from an institution recognized by
the DME Kerala)

OR

I or II Class BSc MLT Degree (from an institution recognized by
the KUHS)

Stipend : ₹7000/- (Rupees Seven Thousand Only) per month.

4. QUALITY EXCELLENCE PROGRAMME IN PATHOLOGY

No. of Seats : 1 (One)

Qualification : BSc (MLT) from a University recognized by the Kerala
University or with BSc with DMLT

Stipend : ₹7000/- (Rupees Seven Thousand Only) per month.

5. CYTOTECHNOLOGIST TRAINING COURSE

No. of Seats : 4 (Four)

Qualification : MSc (Zoology/Botany) with I/II Class

OR

MSc MLT with cytology as a special subject

OR

BSc MLT / BSc with DMLT who have undergone
Cytotechnician Course in an IAC accredited Centre with
One year experience in Cytology

Duration : 1 year

Course fee : ₹6,000/- (Rupees Six thousand only)

6. CYTOTECHNICIAN TRAINING COURSE

No. of Seats : 6 (Six)

Qualification : BSc MLT / BSc with DMLT

Duration : 6 months

Course fee : ₹3,000/- (Rupees Three thousand only)

GENERAL CONDITIONS FOR SL.NO.5 & 6

SEAT DISTRIBUTION:

Out of the total seats in each category one seat each is reserved for SC/ST candidates and one seat each is reserved for candidates from Govt./Quasi Govt./Autonomous institutions (Sponsored candidates should apply through the Head of the Institution)

RELAXATION

a) Relaxation of Upper age limit:

SC/ST Applicants : 6 years

OBC Applicants : 2 years

Sponsored Applicants : 10 years

QUALIFICATION:

a) Degree/PG Degree must be obtained from any University of Kerala

b) DMLT must be obtained from the DME, Kerala or from any other institution recognized by the DME, Kerala

EXPERIENCE:

Experience in Cytology from a Cytopathology Laboratory in Medical Colleges OR laboratories which report not less than 3000 cytology cases per year. Experience certificate to be produced.

Upper Age Limit is 35 years as on 01/01/2017.

Completed application along with self-attested copies of Certificates to prove Age, Caste, Qualification, Experience and a DD for ₹300/- (₹150/- for SC/ST candidates) for Sl. No. 1, 2, 3, 4 and DD for ₹100/- for Sl. No. 5, 6 drawn in favour of the Director, Regional Cancer Centre payable at Thiruvananthapuram, should reach the Additional Director, Regional Cancer Centre, Medical College P.O., Thiruvananthapuram- 695 011 on or before 05.00pm on 30/04/2017. The envelop containing the application should be superscribed by the name of the course applied for. Separate DD must be taken for each training Programme/ Course. The interview date will only be intimate over phone & by e-mail.

For further details & application form, please visit our website
(www.rcctvm.org)

Sd/-
ADDITIONAL DIRECTOR

RCC/248/2016-ACAD2
01/04/2017



REGIONAL CANCER CENTRE, THIRUVANANTHAPURAM

APPLICATION FORM

Name of Training Programme/Course	
Name of the Applicant (in block letters)	
Age & Date of Birth	
Religion & Caste	
DD Number, Amount and Date	
Address for Communication with Pincode	Permanent Address
E-mail ID: Contact No:	E-mail ID: Contact No:

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