



**REGIONAL CANCER CENTRE**  
**THIRUVANANTHAPURAM**

Applications are invited for the following Courses in Regional Cancer Centre.

**1. 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 : Rs. 6,000/- (Rupees Six thousand only)

**2. CYTOTECHNICIAN TRAINING COURSE**

No. of Seats : 6 (Six)

Qualification : BSc MLT / BSc with DMLT

Duration : 6 months

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

**GENERAL CONDITIONS**

**1. 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)

**2. AGE LIMIT:**

a) Age limit will be 35 years as on 01-01-2024

b) Relaxation of Upper age limit:

SC/ST Applicants : 6 years

OBC Applicants : 2 years

Sponsored Applicants : 10 years

**3. APPLICATION FEE:**

Rs. 100/- (Rupees One Hundred only) **for each course**

**4. QUALIFICATION:**

a) Degree/PG Degree must be obtained from any Universities in Kerala

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

**5. 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.

**Completed application along with self-attested copies of Certificates to prove Age, Caste, Qualification, Experience and a DD for Rs. 100/- drawn in favour of the Director, Regional Cancer Centre payable at Thiruvananthapuram, should reach the Additional Director (Academic), Regional Cancer Centre, Medical College P.O., Thiruvananthapuram- 695 011 on or before 04.00pm on 15/02/2024. The envelope containing the application should be superscribed by the name of the course applied for. Separate DD must be taken for each course.**

***For further details & application form, please visit our website ([www.rcctvm.gov.in](http://www.rcctvm.gov.in))***

RCC/26/2017-ACAD2  
30/01/2024

Sd/-  
**ADDITIONAL DIRECTOR (ACADEMIC)**

# REGIONAL CANCER CENTRE, THIRUVANANTHAPURAM

## APPLICATION FORM

|  |                   |
|--|-------------------|
| Name of 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 |
|  |                   |
| 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