



**REGIONAL CANCER CENTRE**  
**POST BOX NO.2417, MEDICAL COLLEGE. P. O.**  
**THIRUVANANTHAPURAM- 695 011**

No. RCC/430/2022-ADMN-1

07/10/2022

Applications are invited from qualified candidates for appointment to the post of **SENIOR RESIDENT** in Regional Cancer Centre, on contract basis on consolidated pay of Rs. **70,000/-** per month in the following specialties. **The period of appointment as Senior Resident will be one year.**

SPECIALTY	NO. OF POSTS	QUALIFICATION
Anesthesiology	02	MD /DNB/Diploma in Anesthesia or its equivalent from a MCI recognized institution.
Nuclear Medicine	01	MD /DNB/Diploma in Nuclear Medicine or its equivalent from a MCI recognized institution.
Palliative Medicine	01	MD/DNB in Palliative Medicine or MD/DNB in Anaesthesia or its equivalent from a MCI recognized institution.
Transfusion Medicine	01	MD Transfusion Medicine or its equivalent from a MCI recognized institution.

**TERMS AND CONDITIONS**

Age Limit: Age should not exceed 45 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 Senior Resident in RCC shall not apply.**

Last Date **25/10/2022 03.00 PM**

Application in the downloaded from the RCC Website ([www.rcctvm.gov.in](http://www.rcctvm.gov.in)) completed in all respects shall be submitted along with 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. All applications should be superscribed with the name of the post applied for to.

**THE DIRECTOR,**  
**POST BOX NO. 2417,**  
**REGIONAL CANCER CENTRE**  
**MEDICAL COLLEGE P.O,**  
**THIRUVANANTHAPURAM 695011**

**DIRECTOR**



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

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11. Age as on 25/10/2022

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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. Travancore-Cochin 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 :

Place:

Date: