

REGIONAL CANCER CENTRE THIRUVANANTHAPURAM

No. RCC/710/2019-ADMN-1

21/07/2022

NOTIFICATION

Applications are invited from qualified candidates for appointment to the post of **Assistant Professor** in Regional Cancer Centre, on contract basis on consolidated salary of ₹ 1,00,000/- (one lakh) per month in the **Nuclear Medicine Division**. The period of engagement as Assistant Professor will be one year.

SPECIALTY	NO. OF POSTS	ESSENTIAL QUALIFICATION
		1) A Medical qualification included in schedule I &II
		or part II of the third schedule of the Indian Medical
		Council Act of 1956 (candidates possessing the
NUCLEAR MEDICINE	01	qualifications included in Part-II of the third
WOCLLAN WILDICHAL	01	schedule should also fulfill the conditions specified
		in section 13(3) of the Act).
		2) MD Nuclear Medicine/MD Radiotherapy with two
		years experience in Nuclear Medicine in a
		recognized Centre/MD Medicine with a DRM or
		DNM/MD Radiodiagnosis with two years experience
		in Nuclear Medicine in a recognized Centre/MD
		Biophysics or its equivalent qualifications in
		Biophysics with DRM or DNM or DNB in Nuclear
		Medicine with two years experience in Nuclear
		Medicine in a recognized Centre.
		3) Three years teaching and or Research experience
		in a recognized institution in the subject/specialty
		after obtaining the qualifying Post Graduate Degree

TERMS AND CONDITIONS

Age Limit:

Age should not exceed 46 years as on the closing date for submission of

application. However, relaxation to Scheduled Caste/Scheduled Tribe/ OBC

as per rules.

Last Date 17/08/2022 03.00 PM

Application (*must be filled in offline mode*) in the downloaded from the RCC Website (<u>www.rcctvm.gov.in</u>) completed in all respects shall be submitted along with self-attested copies of certificates to prove 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.

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

DIRECTOR



REGIONAL CANCER CENTRE THIRUVANANTHAPURAM

APPLICATION FORM FOR THE POST OF ASSISTANT PROFESSOR (CONTRACT)

1. Advertisement No :								Affix a Passport Size Photograph															
2. Post Applied for:																							
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10. D	ate of Birth (DD/M	1M/YYYY) /						
11. A	ge as on 17/08/2	2022						
Yes/I		SC/ST/OBC/II	nternal. If Yes, Spec	cify and attach	documer	ntary evidence		
	ducational Qualific	cations (MBBs	S onwards) Self atte	ested copies sh		bmitted MCI		
Sl. No.	Discipline/ Specialty	College	University	& Year of Passing		Regn.No		
					-8			
15. M	1odern Medicine F	Registration N	umber					
16. D	etails of Teaching	Experience (F	Post PG)					
Sl. No.	Instit	ution	Post Held	From	То	Total Experience in Years		
17. W	/hether No Object	ion Certificat	e from the present	institution the	e applican	t is working		

18. Publica	ations (Copy of Publications/Conference certificate t	to be attached. Please stick to					
the format given) Certificate to be Produced at the time of Interview):							
a. Journal articles-Peer reviewed indexed publication as first, second or corresponding author							
Author/s. 'A	Article title' Journal Name. Year/Vol.No (issue No): Page	e No/s.					
	nce – Presentation as 1 st author						
Author/s. "I	Title of Paper'. In: Conference, Month, Year (to be suppo	orted by certificates)					
	hapters in Books:						
Author/s. "I No/s.	Title of chapter'. In: Title of Book/edited by Names-Edit	ion no- Publisher, year. Page					
`	gator Initiated Research Projects: ipal Investigator						
Sl.No	Title	Funding Agency					
b. As Co-In	vestigator						
Sl.No	Title	Funding Agency					
20. Profess	sional Awards/Patents/Distinctions:						
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 Can	didate:					
	Name of the Candida	te :					
Date: Place:							