



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

RCC/1054/2021/ADMN-2

12/11/2021

REQUIRES

MEDICAL RECORDS OFFICER (CLINICAL SERVICES) (On Contract Basis)

Applications are invited in the prescribed format from eligible candidates possessing the following qualifications for selection to the post of **MEDICAL RECORDS OFFICER (CLINICAL SERVICES)** in Regional Cancer Centre, Thiruvananthapuram on contract basis.

QUALIFICATION & EXPERIENCE

- Essential** : Must have obtained a first class Bachelor's Degree in **Medical Records Science** from a recognized University/Institution.
- Experience** : Candidates must have at least **three years'** experience as Medical Records Officer in a reputed Hospital.
- Term of engagement** Initial contract period will be one year on a monthly remuneration of **₹ 30,000/-** and extendable based on the performance till Special Rules come into force. In case of retired employees the consolidated pay shall be fixed on the formula namely last pay drawn minus pension or **₹ 30,000/-** whichever is less.
- Age limit** : Not exceeding **60 years** as on 01/01/2022.

Interested candidates who possess the above qualifications may download the application from the RCC Website (www.rcctvm.gov.in). 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 3.00 PM on 08/12/2021.**

- i. Proof of age
- ii. Proof of Qualification & Experience
- iii. CV/Bio data
- iv. **Applications without the above listed documents will be rejected.*

Sd/
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