



**REGIONAL CANCER CENTRE
THIRUVANANTHAPURAM**

RCC/111/2022/ADMN.1

08/11/2023

NOTIFICATION

**1) Assistant Professor- Medical Oncology (Regular) on ₹ 101500– 167400/-
(Pay Matrix Level -12), Number of vacancy: 01 (One)
*Special Recruitment for candidate belongs to Ezhava/Billava/Thiyya community***

**2) Assistant Professor- Medical Oncology (Regular) on ₹ 101500– 167400/-
(Pay Matrix Level -12), Number of vacancy: 01 (One)
*Special Recruitment for candidate belongs to Scheduled caste (SC)***

ESSENTIAL QUALIFICATIONS

1) A medical qualification included in Schedule I & II or Part III of the third Schedule of the Indian Medical Council Act of 1956 [candidates possessing the qualifications included in Part-II of the third schedule should also fulfil the conditions specified in section 13(3) of the Act.]

2) DM Medical Oncology OR qualification equivalent thereto.

3) One year teaching and/or research experience in a recognized institution after obtaining the 2 years DM Medical Oncology qualification and in the case of a 3 years course, no experience required.

TERMS & CONDITIONS

- a) Age Limit should not exceed 46 years as on the closing date for submission of applications. **Relaxation of age will be allowed as per the current rules in force for reserved candidates.**
- b) **Recent Non - Creamy Layer Certificate** from the competent authority should be produced along with the application by the candidate belongs to **Ezhava/Billava/Thiyya** community to avail the privilege of special recruitment.
- c) **Recent Caste Certificate** from the competent authority should be attached along with the application by the candidate belongs to **Scheduled Caste** category to avail the privilege of special recruitment.

Application Fee: ₹1,000/- (Rupees one thousand)

Last date for receipt of application: 06/12/2023, 3.00 PM

Application Form in Portable Document Format (PDF) is available in the official website of RCC, www.rcctvm.gov.in Download the application form, convert to Word format , type in all required details, take a printout ,sign and send the hard copy along with self-attested copies of certificates proving Age, Qualifications, Experience, Medical Council Registration, recent Non-creamy layer certificate for candidate belongs to Ezhava/Billava/Thiyya category and Recent Caste certificate for candidates belonging to Scheduled caste category and any other relevant testimonials and DD for ₹1,000/- (Rupees one thousand), being the application fee drawn in favour of the Director, Regional Cancer Centre (RCC), Thiruvananthapuram, payable at State Bank of India, Medical College Branch, Thiruvananthapuram, Kerala (IFSC code:SBIN0070029) to the following address. Application should be superscribed by the name of the post applied for.

**THE DIRECTOR
REGIONAL CANCER CENTRE
POST BOX No.2417
MEDICAL COLLEGE P.O
THIRUVANANTHAPURAM
KERALA – 695011.**



**Dr.REKHA A NAIR
DIRECTOR**

REGIONAL CANCER CENTRE
THIRUVANANTHAPURAM

Affix a recent
Passport Size
Photograph

APPLICATION FORM
(Assistant Professor - Medical Oncology Department (Regular))

Special Recruitment for candidates belonging to Ezhava/Billava/Thiyya and Scheduled Caste

1	Advertisement No.	
2	Post Applied for:	
3	Sex (F/M):	
4	Name in Block Letters:	
5	Father / Mother/Spouse's Name in Block Letters:	
6	Permanent Address:	
7	Contact Address:	
8	Phone Number:	
9	Mobile Number:	
10	Email Id:	
11	Date of Birth (DD/MM/YYYY):	
12	Age as on 01/11/2023:	
13	Whether belong to Ezhava/Billava/Thiyya If Yes, specify and attach copy of recent Non-creamy layer certificate from the competent authority.	
14	Whether belongs to Scheduled Caste If Yes, specify and attach copy of recent Caste certificate from the competent authority.	

15. Educational Qualifications (MBBS onwards) (Copy of Certificate to be attached)

Sl. No.	Subject / Discipline/ Specialty	College	University	Registration No & Year of Passing	NMC Regn.No

16. Travancore-Cochin Modern Medicine Registration Number:

17. Details of Teaching Experience (Post PG): (Copy to be attached)

Sl. No.	Institution	Post Held	From	To	Total Experience in Years

18. Publications (Copy of Publications / Conference Certificate to be attached)

a. *Journal articles* Author/s. 'Article title' Journal Name. Year/Vol.No (issue No):Page No/s.

b. *Conference papers* **Author/s. 'Title of Paper'. In: Conference, Month, Year (to be supported by certificates)**

c. *Books/Chapters in Books:* **Author/s. 'Title of chapter'. In: Title of Book/edited by Names- Edition no- Publisher, year. Page No/s.**

19. Investigator Initiated Research Projects : *As principal Investigator/Co-Investigator*

Sl.No	Title	Role	Funding Agency

20. Professional 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 hold back 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:

Place:

Date:

Name of the Candidate: