

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

REQUIRES

- Medical Physicist (Regular) ₹ 15600-39100 + ₹ 5400 GP (3 Posts)
 - First or Second class MSc Physics and Diploma in Radiological Physics (1 year Programme) conducted by BARC or MSc Medical Physics / Radiation Physics.
 Desirable: 1 year experience in Radiation Physics / Medical Physics.

(Experience in this cadre in a teaching institution will be counted as teaching Experience)

TERMS AND CONDITIONS

- Age Limit : Age should not exceed 35 years as on the closing date for submission of application. However, relaxable for Scheduled Caste / Scheduled Tribe / OBC and Internal candidates as per rules.
- Application Fee: ₹ 1,000/-
- Last Date for receipt of application: 24/12/2016
- Application Form along with details of prescribed qualifications and experience and other relevant information in respect of the above post are available in the website <u>www.rcctvm.org</u>
- The application in the downloaded form, completed in all respects shall be submitted along with self-attested copies of certificates proving Age, Qualifications, Experience and any other relevant testimonials and DD for ₹1,000/-, being application fee drawn in favour of the Director, Regional Cancer Centre (RCC), Thiruvananthapuram, payable at State Bank of Travancore, Medical College Branch, Thiruvananthapuram at the following address. Application should be superscribed by the name of the post applied for.

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

Sd/-**DIRECTOR**

No.4533/Admn.I/2016/RCC Date:25/11/2016

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REGIONAL CANCER CENTRE, THIRUVANANTHAPURAM

APPLICATION FORM

(To be filled in by the candidate)

Affix recent passport size photograph of the applicant duly attested by a Gazetted Officer

Application No.

For office use only

| 1. Name of post | | | | | | | | |
|--|----------|--------------------------|------|-------------------|----------------------------|--------|--------------------|--|
| (In BLOCK LETTERS) | | | | | | | | |
| 2. Name of Applicant | | | | | | | | |
| (In BLOCK LETTERS) | | | | | | | | |
| 3. Date of birth | | | | 4. Age as on 30/1 | 1/2016 | | | |
| | | | | | | | | |
| 5. Communication Address with PIN code (In BLOCK LETTERS) and mobile number & email. | | | | | | | | |
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| 6. Whether belongs to SC/ST/ | / | | | | | | | |
| OBC/General | | | | | | | | |
| 7. Specify Religion & Caste | | | | | | | | |
| 8. Are you employed under G | ovt. | | | | | | | |
| Service, if so give details. | | | | | | | | |
| 9. Educational qualifications (S.S.L.C onwards) | | | | | | | | |
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| Examination/Degree passed | | Name of Board/University | | | reg. No. & Tear of passing | | | |
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| 10. Work experience if any | Name & | & addres | s of | Perio | d | | Total | |
| Post held | | | | From | То | | 1 Otal | |
| | employer | | | From | 10 | | | |
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| 11. Details of Demand Draft | | Dista | | | | a sale | | |
| DD No. | | Date | | | B | ank | | |
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I hereby declare that the above entries are true to the best of my knowledge and belief. I do hereby agree to cancel my candidature, in case it is detected at any stage that my application does not contain sufficient details and do not fulfill the eligibility norms and that I have furnished any false/incorrect information/certificate/documents or have suppressed any material facts.

Place:

Date:

SIGNATURE OF CANDIDATE