# MALABAR CANCER CENTRE



Tel : +91 490 2355881 Fax : +91 490 2355880 E-mail : mcctly@gmail.com Website : www.mcc.kerala.gov.in



No. 535/AO/SRRES/16/MCC

11-01-2017

## **ADVERTISEMENT FOR THE POST OF SENIOR RESIDENT**

Malabar Cancer Center Invites applications for the post of Senior Residents in Surgical Oncology, Radiation Oncology, Medical Oncology & Hematology, Anesthesiology, Clinical Laboratory Services and Translational Research/Onco-Pathology.

SI. No	Department	Vacancy	Qualifications
1	Surgical Oncology	01	DNB/MS General Surgery / ENT /MD Obstetrics and Gynaecology  OR  MDS ( Maxillo facial surgery) with fellowship in Head and Neck Oncology  OR  MCh Surgical Oncology
2	Radiation Oncology	01	DMRT/ MD/DNB Radiotherapy
3	Medical Oncology & Haematlolgy	03	DNB/MD Medicine / Radiotherapy /Pediatric Medicine OR DM Medical Oncology / DNB Medical Oncology
4	Clinical Laboratory Services and Onco- pathology	02	MD/DNB Pathology
5	Anesthesiology	01	MD/DNB Anesthesiology/DA

## **Terms & Conditions**

- 1. Consolidated pay for all categories is **Rs.62,000/-** per month (for medical doctors).
- 2. Positions will be open for **one year** on pure contractual basis.
- 3. Positions may be renewed at the discretion of Malabar Cancer Center for a maximum period of **3 years**.
- 4. Application fee of **Rs.1,000/** in the form of Demand Draft drawn from a nationalized bank in favour of **Director, Malabar Cancer Centre** payable at **Thalassery** should submit along with the application.
- 5. During the period, the Resident shall be eligible only for 1 day Casual Leave per month.

- 6. The Resident shall work on duty as requested by MCC.
- 7. Senior Residents in Sl. No 1, 2, 3 & 5 will have to take care of routine clinical duties in addition to other duties as put by Malabar Cancer Center from time to time.
- 8. The post shall terminate on the expiry of the period specified aforesaid. However, the Resident can make an application for an early termination of the contract with the following conditions:
  - a. For resigning, the trainee shall give two months prior notice, if he/she fails, two months' salary should be paid to get relieving order.
  - b. Minimum attendance of 6 months will be required for issuing experience certificate.
  - Log book should be compulsorily maintained and copy should be submitted to MCC.
- 9. Accommodation will have to be arranged by the candidate.
- 10. The Resident will execute an agreement with MCC incorporating all the above conditions.
- 11. Selection will be based on merit.
- 12. The completed application form along with all necessary documents and Demand Draft of Rs.1,000/- as application fee should be forwarded to The Director, Malabar Cancer Centre, Moozhikkara PO, Thalassery, Kerala-670103, so as to reach on or before 4.30PM, 03-02-2017.
- 13. The list of accepted applications for interview will be published in the website of MCC (www.mcc.kerala.gov.in) on 06-02-2017.
- 14. Proposed date and time of selection interview is on **11-02-2017**, **10.00am** (Saturday), unless it is changed by MCC.
- 15. For any clarifications, please contact Dr.Sajith Babu TP, Associate Professor & HOD, Department of Surgical Oncology & Chairman, Academic Council at (+91) 9496048806 or Email: drsajith@gmail.com.

Sd/DIRECTOR



# **MALABAR CANCER CENTRE**

(an autonomous centre under Government of Kerala)
Thalassery – 670 103, Ph: 0490 2355881, Fax: 0490 2355880
e - mail: mcctly@gmail.com . www.mcc.kerala.gov.in

## **APPLICATION FORM FOR SENIOR RESIDENCY January 2017**

Application for the Post of Senior Resident in the Department of

Instructions:	
<ol> <li>Read the notification carefully before filling in the application form</li> <li>Incomplete applications will be summarily rejected.</li> <li>Form should be filled in Capital Letters or printed in A4 Sheet</li> <li>All irrelevant columns to be marked with NA</li> <li>Attach Demand Draft of ₹ 1,000/- drawn in favour of Director N payable at Thalassery as application fee.</li> </ol>	<i>l</i> lalabar Cancer Centre
Application Fee Details:	
D.D.NoDate:	
Name of Bank:Amount:	
Name:	
Age: Date of Birth:	(Affix Recent Passport
Gender:	- Size Photograph Here)
Address for Communication:	
Phone Number:	
Email:	
Religion / Caste:	
Place of Birth:	
Name of Father / Mother:	

#### **Academic Record**

Exam Passed	Specializa tion	College/ Institute	Board / University	Year of Passing	Percentage Marks	Class / Grade

### **Professional Experience:**

From Date	To Date	Duration (mo)	Institute	Designation	Job Profile

Any	/ Details	ot Ex	tracurricula	r Activities	Participa	ted	In:
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**Number of Publications in Peer Reviewed Journals:** 

List of Publications (if any) to be attached as Annexure-I

Number of Posters / Preser	ntations in State	Level Conferences:					
List of Posters/Presentatio	ns (if any) to be a	attached as Annexure	-II				
Number of Posters / Preser	ntations in Nation	nal Level Conference	S:				
List of Posters/Presentatio	ns (if any) to be a	attached as Annexure	:-II				
Number of Posters / Preser	ntations in Intern	ational Conferences:					
List of Posters/Presentatio	ns (if any) to be ຄ	attached as Annexure	:-II				
Thesis Title:							
Number of Research Proje	Number of Research Projects taken up in addition:						
Details of Research Projects (if any) to be attached as Annexure-III							
Name and Address of Two R details above.	Referees in your fie	eld of specialization wh	o can be contacted to verify				
Name	Phone Number	Email	Address				

Have you been debarred from appearing for any exam conducted by any Central/State Government/ Quasi Government bodies/ Dismissed from service or convicted by a Court of Law? (If Yes Give Details)

Attested copies (not below the rank of a Gazetted Officer) of the following to be provided in addition:

- 1. Age Proof
- 2. Mark sheets and Certificates of the academic and professional experience quoted above.

List of	Enc	losures /	<sup>/</sup> Annexur	es:
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- 1.
- 2.
- 3.
- 4.

I hereby declare that I have carefully read and fully understood all the instructions and details pertaining to the post being applied by me and all statements made and information furnished in this application are true and complete to the best of my knowledge and belief. I also declare that I have not concealed any material information which may debar my candidature for the post applied for. In the event of suppression or distortion of any fact including category or educational qualification, etc. made in my application form, I understand that I will be denied any employment in the Institute and if already employed on any of the posts in the Institute, my services will be terminated forthwith.

Place:

Date: Name & Signature

NB: All applicants are informed that canvassing in any form will lead to their applications being rejected. Defective applications in any respect will be summarily rejected. If the space provided in the application form is insufficient, separate sheets of paper may be attached and pinned to the main application form and reference to the same made in the relevant column.