



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

RCC/462/2022-ADMN-2

23/12/2023

Notification

NUCLEAR MEDICINE TECHNOLOGIST (On Contract Basis)

Number of post- 03 (Three)

Applications are invited in the prescribed format from eligible candidates possessing the following qualifications for selection to the post of **Nuclear Medicine Technologist** in Regional Cancer Centre, Thiruvananthapuram on contract basis.

Qualification & Experience

Essential : A Bachelor's degree in Nuclear Medicine Technology from a University recognized by AERB.

OR

(i) Graduate/Post graduate Degree in Science from a University and

(ii) Diploma in Nuclear Medicine Technology from a University recognized by AERB.

Desirable : Knowledge in Computer Operation

Term of engagement : Initial contract period will be one year on a monthly remuneration of ₹ 60,000/- and extendable for up to three years based on the performance.

Age limit : Not exceeding 36 years as on 01/07/2023 (relaxation of upper age limit will be given to SC/ST and OBC candidates as per existing norms)

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 shall reach **'The Director, Regional Cancer Centre, Medical College P.O., Thiruvananthapuram-695011, Kerala, India latest by 3.00 p m on 10/01/2024.**

- i. Proof of age
- ii. Proof of Qualification & Experience
- iii. CV/Bio data

****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	Nuclear Medicine Technologist (Contract Basis)
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