



REGIONAL CANCER CENTRE
THIRUVANANTHAPURAM

Applications are invited for the following training courses for the year 2017-2018.

CYTOTECHNOLOGIST TRAINING COURSE

No. of Seats : 4 (Four)
Qualification : MSc (Zoology/Botany) with I/II Class
OR
MSc MLT with cytology as a special subject
OR
BSc MLT / BSc with DMLT who have undergone
Cytotechnician Course in an IAC accredited Centre with
One year experience in Cytology

Duration of Course : 1 year
Course fee : ₹6,000/- (Rupees Six thousand only)

CYTOTECHNICIAN TRAINING COURSE

No. of Seats : 6 (Six)
Qualification : BSc MLT / BSc with DMLT
Duration of Course : 6 months
Course fee : ₹3,000/- (Rupees Three thousand only)

GENERAL CONDITIONS

1. SEAT DISTRIBUTION:

Out of the total seats in each category one seat each is reserved for SC/ST candidates and one seat each is reserved for candidates from Govt./Quasi Govt./Autonomous institutions (Sponsored candidates should apply through the Head of the Institution)

2. AGE LIMIT:

a) Age limit will be 35 years as on 01-01-2017

b) Relaxation of Upper age limit:

SC/ST Applicants	: 6 years
OBC Applicants	: 2 years
Sponsored Applicants	: 10 years

3. APPLICATION FEE:

₹100/- (Rupees One Hundred only) **for each course**

4. QUALIFICATION:

- a) Degree/PG Degree must be obtained from any University of Kerala
- b) DMLT must be obtained from the DME, Kerala or from any other institution recognized by the DME, Kerala

5. EXPERIENCE:

Experience in Cytology from a Cytopathology Laboratory in Medical Colleges OR laboratories which report not less than 3000 cytology cases per year. Experience certificate to be produced.

Completed application* along with self-attested copies of Certificates to prove Age, Caste, Qualification, Experience and a DD for ₹100/- drawn in favour of the Director, Regional Cancer Centre payable at SBT, Thiruvananthapuram should reach the Director, Regional Cancer Centre, Medical College P O, Thiruvananthapuram - 11 on or before **15/02/2017**. The interview date will only be intimate over phone & e-mail ID.

* Please download the application form given below

Sd/-

ADDITIONAL DIRECTOR

RCC/26/2017-ACAD2/CC-P/1342

06/02/2017



REGIONAL CANCER CENTRE, THIRUVANANTHAPURAM

APPLICATION FORM

Name of Course	
Name of the Applicant (in block letters)	
Age & Date of Birth	
Religion & Caste	
DD Number, Amount and Date	
Address for Communication with Pincode	Permanent Address
E-mail ID: Contact No:	E-mail ID: Contact No:

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