



REGIONAL CANCER CENTRE
POST BOX NO.2417, MEDICAL COLLEGE. P. O.
THIRUVANANTHAPURAM- 695 011
Ph-No.0471-2442541, Fax: 2447454
Website- www.rcctvm.org

No.78/Admn.II/2017/RCC

Date: 14/09/2017

NOTIFICATION

Applications are invited in the prescribed format from eligible candidates possessing the following qualifications for selection to the post of **Assistant (Accounts)** in Regional Cancer Centre. The appointment shall be purely on contract basis for a maximum period of one year with a consolidated pay of **Rs. 18,900/-** per month.

No. of posts : **2 (Two)**

Qualification & Experience :

- (a) Degree in Commerce with minimum 50% marks
- (b) Diploma in Computerized Accounting or equivalent
- (c) Minimum 3 years experience in dealing with accounts in Government Departments/Public Sector Undertakings or in Autonomous Bodies.

Age: Not exceeding 35 years as on 01/01/2017 (relaxation of upper age limit will be given to SC/ST and OBC candidates as per existing norms).

Interested candidates who have the prescribed qualifications may **download the application form** from the **RCC website**. Filled in and signed application form affixing recent passport size photographs along with the self attested copies of the following documents should reach '**The Director, Regional Cancer Centre, Medical College.P.O, Thiruvananthapuram-695011, Kerala, India**' latest by **3.30p.m on 15/10/2017**.

1. Proof of age
2. Proof of qualification & experience

Applications without the above documents will be rejected.

Sd/-
DIRECTOR



**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 01/01/2017		
5. Communication Address with PIN code and contact number (In BLOCK LETTERS)				
6. Whether belongs to SC/ST OBC/General /Internal		7. Specify Religion & Caste		
8. Educational Qualification (SSLC onwards)				
Examination/Degree passed	Name of Board/University	Reg. No & Year of Passing		
9. Work Experience if any				
Post held	Name & address of employer	Period		Total Service
		From	To	

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 fulfil the eligibility norms and that I have furnished any false/incorrect information/certificate/documents or have suppressed any material facts.

Date :

SIGNATURE OF CANDIDATE