



P. O. Moozhikkara, Thalassery,
Kannur - 670 103, Kerala, S. India

MALABAR CANCER CENTRE

(an autonomous centre under Government of Kerala)

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

No. 4040/SENIOR RESIDENCY/2017/MCC

03-10-2018

ADVERTISEMENT FOR THE POST OF SENIOR RESIDENT

Malabar Cancer Center Invites applications for the post of Senior Residents in Surgical Oncology, Radiation Oncology, Imageology, Medical Oncology & Hematology, Anesthesiology and Pathology.

Sl. 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 M.Ch Surgical Oncology
2	Radiation Oncology	01	DMRT/ MD/DNB Radiotherapy
3	Medical Oncology & Hematology	03	DNB/MD Medicine / Radiotherapy /Pediatric Medicine OR DM Medical Oncology / DNB Medical Oncology
4	Anesthesiology	02	MD/DNB Anesthesiology/DA
5	Imageology	01	DMRD/MD/DNB Radio diagnosis
6	Pathology	01	MD/DNB Pathology

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 & 4 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.
 - c. 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, 30.11.2018**
13. Tentative date and time of selection interview is on **15.12.2018, 10.00am** (Saturday).
14. For any clarifications, please contact Dr. Sithara Aravind, Associate Professor, Department of Clinical Laboratory Services and Translational Research & Secretary, Academic Council at **0490-2399 219** (9AM- 5 PM; Mon- Fri) or Email: **sitharaaravind@gmail.com**

Sd/-
DIRECTOR



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Thalassery – 670 103, Ph: 0490 2355881, Fax: 0490 2355880
e - mail: mcctly@gmail.com. www.mcc.kerala.gov.in

APPLICATION FORM FOR SENIOR RESIDENCY October 2018

Application for the Post of Senior Resident in the Department of

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Instructions:

1. Read the notification carefully before filling in the application form
2. Incomplete applications will be summarily rejected.
3. Form should be filled in Capital Letters or printed in A4 Sheet
4. All irrelevant columns to be marked with NA
5. Attach Demand Draft of ₹ 1,000/- drawn in favour of *Director Malabar Cancer Centre* payable at *Thalassery* as application fee.

Application Fee Details:

D.D.No.....Date:.....

Name of Bank:.....Amount:.....

Name:	(Affix Recent Passport Size Photograph Here)
Age: Date of Birth:	
Gender:	
Address for Communication:	
Phone Number:	
Email:	
Religion / Caste:	
Place of Birth:	
Name of Father / Mother:	

Academic Record

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

Professional Experience:

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

Any Details of Extracurricular Activities Participated In:

Number of Publications in Peer Reviewed Journals:

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

Number of Posters / Presentations in State Level Conferences:

List of Posters/Presentations (if any) to be attached as Annexure-II

Number of Posters / Presentations in National Level Conferences:

List of Posters/Presentations (if any) to be attached as Annexure-II

Number of Posters / Presentations in International Conferences:

List of Posters/Presentations (if any) to be attached as Annexure-II

Thesis Title:

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 Referees in your field of specialization who can be contacted to verify details above.

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 Enclosures / Annexures:

- 1.
- 2.
- 3.
- 4.
- 5.

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.