



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 RESIDENT/2020/MCC

12/03/2020

## ADVERTISEMENT FOR THE POST OF SENIOR RESIDENT

Malabar Cancer Center Invites applications for the post of Senior Residents (On contract) in Surgical Oncology, Radiation Oncology, Imageology, Medical Oncology & Hematology, Anesthesiology and pathology.

Sl No	Department	Vacancy	Qualification
1.	Surgical Oncology -Gynaec Oncology	01	MD/DNB Obstetrics and Gynecology
	Surgical Oncology - Gastroenterology	01	M.Ch/DNB Surgical Oncology
2.	Radiation Oncology	03	MD/DNB Radiotherapy
3.	Medical Oncology & Haematology	03	DNB/MD Medicine / Radiotherapy /Pediatric Medicine <b>OR</b> DM Medical Oncology / DNB Medical Oncology
4.	Anesthesiology	03	MD/DNB Anesthesiology
5.	Imageology	02	MD/DNB Radio diagnosis
6.	Dept of CLS&TR- OncoPathology	01	MD/DNB Pathology

The above mentioned vacancies are tentative and subject to change without prior notice.

### Terms & Conditions

1. **The candidates who have already applied for this session need not apply again.**
2. Consolidated pay for all categories is **Rs.62, 000/-** per month (for medical doctors).
3. Positions will be open for **one year** on pure contractual basis.
4. Positions may be renewed at the discretion of Malabar Cancer Center for a maximum period of **3 years**.
5. **Age Limit:** The candidates should be below 35 years of age as on 01<sup>st</sup> April 2020.
6. 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

**OR**

**The Application fee of Rs.1, 000/- may be transferred to the following account by Online/IMPS/RTGS/NEFT and the transaction/reference number should be specified in**

**the application.**

**Account Number : 1154104000017958**  
**Account holder : Malabar Cancer Centre**  
**Bank & Branch : IDBI, Thalassery**  
**Branch IFSC Code : IBKL0001154**

7. During the period, the Resident shall be eligible only for 1 day Casual Leave per month and also eligible for 8 closed holidays as per MCC policy.
6. The Resident shall work on duty as requested by MCC.
7. Senior Residents in Sl. No 1, 2 & 3 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 should be forwarded to The Director, Malabar Cancer Centre, Moozhikkara PO, Thalassery, Kerala-670103, so as to reach on or before 04.30PM, 25/04/2020.**
13. **Interview date will be intimated through e-mail/SMS text in view of current health scenario.**
14. The Call letters for the Senior Resident interview have been sent via email for this position. In case of non receipt of call letter, please write to **irbmctly@gmail.com**.
15. For any clarifications, please contact **0490-2399249 ( 9AM- 5 PM Mon- Fri)** or Email: **irbmctly@gmail.com**

**Sd/-**  
**DIRECTOR**



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## APPLICATION FORM FOR SENIOR RESIDENCY JANUARY 2020

### Application for the Post of Senior Resident in the Department of

#### 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:

UTR No./Transaction No/D.D. No.....Date:.....

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

Name of Applicant:	(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 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)**

**Self Attested copies 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.

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.