



**REGIONAL CANCER CENTRE**  
**THIRUVANANTHAPURAM**  
**Ph.No.0471-2442541, Fax:2447454**  
**Website – www.rcctvm.org**

RCC/510/2018-ADMN4

24/07/2018

**NOTIFICATION**

Applications are invited in the prescribed format from eligible candidates possessing the following qualifications for selection to the post of **Dental Technician** in Regional Cancer Centre on contract basis.

**No. of Post: 1 (one)**

**1. Qualification**

(a) Essential : Two years Diploma in Dental Technician Course & Registration with Dental Council of India

(b) Experience (Desirable): Experience in a Cancer Centre as part of Head and Neck rehabilitation team

**2. Age limit :**

35 years as on 01.01.2018

**3. Remuneration :**

₹22,200/-(consolidated) per month

**4. Term of appointment**

1 year

Interested candidates who have the prescribed qualifications may **download the application form** from the RCC website (**www.rcctvm.org**). Filled in and signed application form affixing recent passport size photograph along with self-attested copies of the following documents should reach '**The Director, Regional Cancer Centre, Medical College P.O., Thiruvananthapuram-695 011, Kerala, India**' latest by **3.30 p.m. on 20/08/2018**.

(i) Proof of age

(ii) Proof of qualification & experience

(iii) CV/Bio data

**Applications without the above documents will be rejected.**

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



**REGIONAL CANCER CENTRE  
THIRUVANANTHAPURAM**

**APPLICATION FORM FOR THE POST OF DENTAL TECHNICIAN  
ON CONTRACT BASIS (To be filled in by the candidate)**

Affix recent passport  
size photograph of the  
applicant duly attested  
by the Gazetted  
Officer

1. Name of Applicant (In BLOCK LETTERS)				
2. Date of birth		3. Age as on 01/01/2018		
4. Address with PIN code, mobile number & E-mail ID (In BLOCK LETTERS)				
5. Whether belongs to SC/ST/ OBC/General		6. Specify Religion & Caste		
7. Name of father				
8. Educational qualifications (S.S.L.C onwards)				
Examination/Degree passed	Name of Board/University	Reg. No. & Year of passing		
9. Work experience				
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 fulfill the eligibility norms and that I have furnished any false/incorrect information/certificate/documents or have suppressed any material facts.

Place:

Date:

SIGNATURE OF CANDIDATE