



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 **Speech Language Pathologist** in Regional Cancer Centre on contract basis.

No. of Post: 1 (one)

1. Qualification & Experience

(a) Essential : Masters in Audiology and Speech Language Pathology

OR

M.Sc. in Speech Pathology or its equivalent from a reputed University in 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 :

₹36,600/-(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 SPEECH LANGUAGE PATHOLOGIST
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