



## **REGIONAL CANCER CENTRE, THIRUVANANTHAPURAM**

### **ADMISSIONS TO POST GRADUATE MD COURSES 2024-25**

Admissions to PG MD Course conducted by the Regional Cancer Centre, Thiruvananthapuram (RCC) will be made from AIPGMEE 2024 and Kerala State PGME 2024. The details of seats, fees and stipend are given below:

COURSE	SEATS		FEES	STIPEND
	ALL INDIA QUOTA (DGHS Counselling)	STATE QUOTA (Kerala CEE Counselling)		
MD RADIOTHERAPY	4 (four)	4(four)	Tuition Fees: Rs.3,00,000/year	I Year Rs.55,120/-month
MD ANAESTHESIOLOGY	3 (three)	3 (three)	Refundable Caution deposit: Rs.10,000/-	II Year Rs.56,160/-month
MD PATHOLOGY	1(one)	1(one)	University Fees: As applicable to KUHS, Thrissur	III year Rs.57,200/-month

The date of commencement of the course and last date for completing admission process will be according to schedule decided by the Government of India/Medical Council of India/ Hon'ble Supreme Court of India.

Candidates allotted seats under All India Quota reporting for admission should pay the full **fees** at RCC **by Demand Draft in favour of 'DIRECTOR, REGIONAL CANCER CENTRE, THIRUVANANTHAPURAM'** payable at Thiruvananthapuram. Candidates under State Quota should submit proof of fee payment (in original) to Kerala Government as instructed by the CEE, Kerala.

**Certificates (in original & a photo copy) to be submitted at the time of admission:**

1	Admit Card of Entrance Examination issued by NBE
2	Admit Card issued by CEE, Kerala
3	Data Sheet issued by the CEE, Kerala
4	Allotment memo by DGHS/CEE Kerala
5	Rank letter

6	Proof of age
7	Certificate of Secondary Examination
8	Certificate of Higher Secondary Examination
9	MBBS Degree Certificate with Mark lists
10	Compulsory Rotating Internship Certificate
11	Medical Council Registration Certificate <b>(Candidates who do not have registration from the Kerala State Medical councils(KSMC) will have to obtain this within one month of admission)</b>
12	Transfer Certificate
13	Course & Conduct Certificate
14	Migration certificate <b>(For candidates who have obtained MBBS qualification from Universities outside Kerala)</b>
15	Eligibility Certificate from Kerala University of Health Science <b>(For candidates who have obtained MBBS qualification from Universities outside Kerala)</b>
16	Community Certificate <b>(For SC/ST/SEBC candidates)</b>
17	Disability Certificate <b>(If admission is under quota for physically handicapped)</b>
18	Any other documents specified in the allotment memo
<b>Candidates should also submit the following at time of admission:</b>	
	<b>Documents #</b>
19	Bond in Kerala Stamp Paper worth Rs.200/- agreeing to remit liquidated damages if relinquishing the seats after the prescribed date.
20	Mandatory Undertaking regarding Anti-Ragging (Candidate & Parent)
21	Medical fitness Certificate

#### **Contact Details of Officials**

Dr. Rekha A Nair : Director, 0471 2522222, director@rcctvm.gov.in  
 Dr. V Rajeevan : Nodal Officer & AMO, 9447400014 (0471 2522278)  
 Smt. Ganga AP : Academic Cell Staff, 9446554157 (0471 2522505)  
 Venue of Reporting : ACADEMIC CELL, RCC  
 Timing : 10.00AM to 4.30PM

#### **Account Details for Remittance of Fees**

Name of Account Holder	DIRECTOR, REGIONAL CANCER CENTRE, THIRUVANANTHAPURAM
Account No	0497053000013711
IFSC Code	SIBL0000497
Name of Bank	SOUTH INDIAN BANK
BRANCH	SREEKARYAM BRANCH

**Fee Details**

Tuition Fee	:	<b>Rs.3,00,000/-</b> per annum
Caution Deposit	:	<b>Rs.10,000/-</b>
University Fee	:	<b>As applicable to KUHS, Thrissur</b>

Thiruvananthapuram  
11/06/2024

**DIRECTOR**

## **BOND**

TO KNOW ALL MEN BY THESE PRESENTS THAT WE Dr.....

residing at.....

..... hereinafter called the

“Bounden” (which expression shall unless excluded by or repugnant to the context include

his heirs, executors, administrators and legal representatives)

and.....

.....and.....

.....  
hereinafter called the first surety and second surety respectively (which expression shall unless excluded by repugnant to the context include their respective heirs, executors, administrators and legal representatives) bind ourselves jointly and severally to pay the Director, Regional Cancer Centre (hereinafter called the RCC) on demand without demur a sum that RCC may have to spend for paying stipend/salary and a further sum of Rs.50,00,000/-(Fifty Lakhs Only) as liquidated damages.

Signature of Bounden:

Signature of 1<sup>st</sup> Surety:

Signature of 2<sup>nd</sup> Surety:

WHEREAS the Bounden has been under the rules, which will form part of this deed as if incorporated herein, hereinafter called the Rules, selected to undergo the course of study. RCC will give the monthly stipend to the Bounden(admissible as per rules) for the study of **MD Radiotherapy/ MD Anaesthesia/ MD Pathology** course in RCC, Thiruvananthapuram condition of his executing a bond supported by two sureties in the terms appearing hereinafter which the Bounden has agreed to do.

Now the condition of the above written obligation is that in the event of the Bounden not confirming to or observing the rules and conditions, regarding the progress of his study or interrupting or discontinuing his course, ..... 2024) or participating in a strike or leave the training course on account of indiscipline or misconduct on his part, or for other reasons not considered valid and satisfactory by the Director, RCC, whose decision in this behalf shall be final, the Bounden and the sureties shall jointly and severally pay and refund to RCC on demand and without demur all the amount spent on the Bounden on account of the said course of studies, together with the liquidated damages of Rs.50,00,000/-(Rupees Fifty Lakhs Only) if the Bounden discontinues the course

Signature of Bounden:

Signature of 1<sup>st</sup> Surety:

Signature of 2<sup>nd</sup> Surety:

after..... (prescribed date). This decision of the Director, Regional Cancer Centre, Thiruvananthapuram as to the commission of a breach of as to any indiscipline or misconduct on the part of the bounden as also the amount of compensation payable and as to whether the bounden has or has not performed and observed the conditions as bounden obligations under these presents shall be final and binding on the bounden and the sureties.

It is further agreed and declared that in the event of the Bounden being unsuccessful in any of the qualifying examinations conducted in RCC, the Centre may at its discretion, withhold the payment of Stipend for the continuance of further studies and the decision of the Director in this behalf shall be final and binding.

Provided further that the Bounden and the Sureties do hereby agree that all sums found due to the RCC under or by virtue of this bond may be recovered jointly and severally from them and from their movable and immovable properties or in such other manner as to the RCC may deem fit.

Signature of Bounden:

Signature of 1<sup>st</sup> Surety:

Signature of 2<sup>nd</sup> Surety:

It is agreed that the liability of the sureties hereunder shall not be impaired or discharged by reason of time being granted or any forbearance, act or omission of the RCC (whether with or without the knowledge or consent of the sureties) in respect or in relation to the several obligations and conditions to be performed or discharged by the Bounden or by any other matter or thing whatsoever which, under the law relating the sureties, shall but for this provision have the effect of releasing the sureties from such liability not shall it be necessary for the RCC to sue the Bounden before doing either of the sureties for amounts due hereunder.

It is agreed that the expense of Stamp duty to this document shall be borne by the Bounden.

IN WITNESS WHEREOF the Bounden Dr.....  
And .....and..... Sureties  
have put their respective hands the day and year herein above written.

Signed by the Bounden in the presence of witness:

(Signature of the Bounden)

1.

2.

Signed by... ( Name Official Address & Residential

(Signature of First surety) address of sureties compulsory)

Signed by.....(Name Official Address & Residential

(Signature of Second surety) address of sureties compulsory)

In the presence of witness: (Name, Official and residential address is compulsory)

1.

2

**DECLARATION**

I .....employed as.....  
.....in the Department of.....  
.....do hereby declare that I have more than.....  
years of service left for Superannuation. My PEN is.....

Signature :

Name :

Designation:

Department:

Date:

OFFICE SEAL

**\*All pages should be in stamped paper**



### **Guidelines for executing the bond**

The candidates selected for the PG Medical Courses have to execute a bond in stamped paper (all pages of the bond should be in non-judicial Kerala stamp paper and the total value of the stamped papers should be **Rs.200/-**), at the time of joining the course to the effect that he/she shall not discontinue the PG Medical Course he/she has been allotted to if the Bounden discontinues the course after.....2024). If the student discontinues the course after ..... 2024 he/she shall pay Rs. 50/- lakhs (Rupees Fifty Lakhs Only) as Liquidated damages and also the stipend already received.

1. No admission shall be made without getting the bonds as detailed above executed at the time of joining
2. The parents/guardians/husband/wife shall stand as sureties. The signature of the candidate and the sureties have to be attested by a Gazetted Officer of State/Central Government or Grama/Block/District/Panchayath President/ Municipal Chairperson/ Mayor or MLA/MP, by countersigning in the bond as a witness.
3. All pages in the bond should be signed by the bounden and the sureties

**PRE- ADMISSION HEALTH CHECK UP FOR RESIDENTS/STUDENTS**

**DECLARATION**

(STRIKE OUT WHICH EVER IS NOT APPLICABLE)

I.....,son/daughter/wife of.....  
....., aged ..... years do hereby declare that  
I have no pre-existing or current medical or psychiatric illness which prevents me from  
performing the duties and responsibilities of a Student of the .....  
course as stipulated by Head of the Department of ..... ..

I agree to undergo the necessary medical examination and blood investigation  
prescribed for this screening procedure.

**OR**

I....., son/ daughter/ wife of  
.....,aged ..... years  
have.....  
.....(disease) since the last.  
.....months/ years. I hereby declare that I am able to carry out the responsibilities  
and duties of a Student of the ..... ..course as stipulated  
by Head of the Department of .....

I agree to undergo the necessary medical examination and blood investigation  
prescribed for this screening procedure.

Place:  
Date:

Signature  
Name

## **FORMAL MEDICAL SCREENING**

### **A. MEDICAL HISTORY**

Any current medical illness (if present-specify the illness, whether under treatment, whether the condition is under control)

1. Neurological-Epilepsy, neuromuscular illness, others
2. Respiratory-Active pulmonary TB, Bronchial asthma, others
3. Cardiovascular-CAD, Valve lesions, CHD, Others
4. Others-Viral hepatitis, any other blood-borne infections.

**5. Past history:**

- a) Hospitalization History:
- b) TB, Viral hepatitis, epilepsy, psychiatric illness etc

6. Current medications
7. If the candidate is a female (if pregnant), weeks of gestation.

### **B. EXAMINATION (specify the type of abnormality)**

Hepatitis –B vaccine taken on (Date):

(1<sup>st</sup>):.....(2<sup>nd</sup>)..... (3<sup>rd</sup>).....

Height:..... Weight:.....Pulse:.....BP:.....

#### **General Exam**

- ☐ Neurological
- ☐ CVS
- ☐ Respiratory
- ☐ Abdomen
- ☐ Any additional observations

### **C. INVESTIGATIONS**

*(Candidate has to consent for the following investigations)*

#### **1. Blood Investigations:**

☐ HIV (Consent) – Report to be sent only to Director.

☐ HbSAg

☐ Hep C

#### **2. Visual Acuity:**

**(without glass)..... (With glass).....(Power of glass).....**

I hereby declare that the information provided by me during the medical screening is true and correct to my knowledge; if at any stage during my course in the Institute, if it is found to be false, necessary action may be taken against me.

***Signature of Candidate***

#### **Recommendations from the screening Physician (Provisional):**

A. Fit to discharge duties as a Student

B. Needs further evaluation - specify.

Signature of the Physician:

Name:

Place:

Designation :

Date:

Medical Council Regn.No:

(Hospital seal)

### **UNDERTAKING BY THE CANDIDATE**

I,.....S/o, D/o of Mr./Mrs./Ms. ....

have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State Government in this regard.

I have received a copy of the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009

I hereby undertake that-

1. I will not indulge in any behavior or act that may come under the definition of ragging,
2. I will not participate in or abet or propagate ragging in any form,
3. I will not hurt anyone physically or cause any other harm.

I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force.

Signed this-.....(day) .....( month) ..... (year)

Signature:

Witness:

(Signature-Name- Address:)

Witness:

(Signature-Name- Address:)

### **UNDERTAKING BY PARENT**

1. I,.....F/o. M/o. G/o- .....  
have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
2. I assure you that my son/daughter/ward will not indulge in any act of ragging.
3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force.

Signed this-.....(day) .....( month) ..... (year)

Signature:

Witness:

(Signature-Name- Address:)

Witness:

(Signature-Name- Address:)

BIODATA OF THE STUDENT ADMITTED TO MD COURSE 2024		
1	Name of the Student & Photo	Paste Photo
2	Name of Course	
3	Age & Date of Birth	
4	Sex	
5	Religion	
6	Caste & Community	
7	Mobile No & Email ID	
8	Aadhar No	
9	Date of Admission	
10	Qualification MBBS/ Diploma	
11	Are you eligible for course Deduction (Y/N)  If yes specify name of Diploma subject	
12	Institution & University Last studied	
13	School leaving certificate ie SSLC Register No, Year & Month of Passing	
14	School were educated (SSLC/10 <sup>th</sup> )	
15	Name of Entrance Exam/Neet Roll No	
16	NEET All India Rank	
17	NEET State Rank	
18	Allotted Category	

	SM/SC/ST/OBC/OEC/PH/Other specify	
19	Name & Address of the Parent/Guardian with Phone Number	
20	Permanent Address of the student with email & Mobile Number	
21	Registered Council Name	
22	Medical Council Reg No.	
23	Admitted By (AIQ/SQ)	
24	Entrance Exam Percentile/NEET percentile	
25	Physically Handicapped (Yes/No)	
26	Signature with name and date	



### **Declaration I**

I hereby declare that I will submit the following documents within the prescribed time as per norms of DGHS/NBE/DME/CEE/MCC. Failing which I am fully responsible for the termination of my provisional admission.

I am fully aware that any violation found in the procedure of submission of bond as specified in the prospectus of 2024 will lead to the termination of my provisional admission and do hereby declare that I am solely and fully liable and responsible for the same and as it a lapse from my own side, I do not have any claim for my admission and never ever proceed to any legal procedure against my declaration.

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

Signature of student with Date:

Name:

Address:

### **Declaration II**

**(For Kerala SC/ST/OEC/Fishermen  
students)**

I .....hereby declare that I belongs to SC/ST/OEC/Fishermen candidates (Keratitis) and I will apply for fee concession through online within one week after starting the class. Otherwise I will be liable to pay full fees with fine.

Signature of student with

Date:Name:

### **Special Attention**

Fee concession and Refund of fee (if eligible) is availed through E-Grants Scholarship. Hence SC/ST/OEC/Fishermen students (Kerala) should apply for E- grantz Scholarship through Akshaya centre with in one week after starting the class and submit the hardcopy of application along with the relevant documents in Academic Cell in time otherwise college fee will be levied as usual

#### **Contact Details of Officials**

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Caution Deposit : Rs.10,000/-  
University Fee : As applicable to KUHS, Thrissur