



# ಕಿಡ್ವಾಯಿ ಸ್ಮಾರಕ ಗಂಧಿ ಸಂಸ್ಥೆ

(ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸ್ವಯತ್ತತಾ ಸಂಸ್ಥೆ)

ಡಾ. ಎಂ.ಹೆಚ್. ಮರಿಗೌಡ ರಸ್ತೆ, ಬೆಂಗಳೂರು-560 029.

ದೂರವಾಣಿ: 080- 66697999 Extn. 1009

Vijaya Vani  
Date: 06/02/2022

ಸಂಖ್ಯೆ: ಕೆಎಂಐಟಿ/ಸಿಬ್ಬಂದಿ-1/08/2021-22

ದಿನಾಂಕ: 05-02-2022

## ಪ್ರಕಟಣೆ

ಕಿಡ್ವಾಯಿ ಸ್ಮಾರಕ ಗಂಧಿ ಸಂಸ್ಥೆಯ ಪ್ರಾದೇಶಿಕ ಕ್ಯಾನ್ಸರ್ ಕೇಂದ್ರ ಕಲ್ಬುರ್ಗಿ ಇಲ್ಲಿನ ಗ್ರೂಪ್-ಸಿ ವೃಂದದ ರೇಡಿಯೋಥೆರಪಿ ಟೆಕ್ನಾಲಜಿಸ್ಟ್ (ವೇತನ ಶ್ರೇಣಿ ರೂ. 27650-52650) ವೃಂದದಲ್ಲಿ 01 ಬ್ಯಾಕ್‌ಲಾಗ್ ಹುದ್ದೆಯನ್ನು ಪರಿಶಿಷ್ಟ ಪಂಗಡಕ್ಕೆ ಸೇರಿದ, ಕಲ್ಯಾಣ ಕರ್ನಾಟಕ-371-ಜಿ ಅಭ್ಯರ್ಥಿಯಿಂದ ಭರ್ತಿ ಮಾಡಲು ಆಹ್ವಾನ ಅಭ್ಯರ್ಥಿಗಳಿಂದ ಅರ್ಜಿಗಳನ್ನು ಅಹ್ವಾನಿಸಲಾಗಿದೆ. ಅರ್ಜಿ ಸಲ್ಲಿಸಲು ಕೊನೆಯ ದಿನಾಂಕ: 07-03-2022 ಸಂಜೆ: 4:00 ಗಂಟೆ ನಿಗದಿಪಡಿಸಿದೆ, ಸದರಿ ದಿನಾಂಕದ ನಂತರ ಸಲ್ಲಿಸಿದ ಅರ್ಜಿಗಳನ್ನು ಪರಿಗಣಿಸಲಾಗುವುದಿಲ್ಲ. ಅರ್ಜಿಗಳನ್ನು ಸಲ್ಲಿಸುವ ಕುರಿತಾದ ಮಾರ್ಗಸೂಚಿ: ಅರ್ಜಿ ನಮೂನೆ, ವಯೋಮಿತಿ, ವಿದ್ಯಾರ್ಹತೆಗೆ ಮತ್ತು ಇತರೆ ವಿವರಗಳನ್ನು ಕಿಡ್ವಾಯಿ ಸಂಸ್ಥೆಯ ವೆಬ್‌ಸೈಟ್ ನಿಂದ <https://kmio.karnataka.gov.in> ಪಡೆಯಬಹುದು.

DIPR/DDU/AAPL/RO3250/21-22

ಸಹಿ/- ನಿರ್ದೇಶಕರು

ಲೋದಿ-19 - ಗಾಣುದ್ದಿ ತರದಲೇಡಿ, ಐವಾಬ್ಬಾರಿಯಿಂದ ವರ್ತಿಸಿ, ನೋಂಕನ್ನು ದೂರವಿಡಿ-ನೋಂಕಿವರನ್ನಿ.



ಮಾಂಸ  
ಧರಿಸಿ



6 ಅಡಿ  
ದೈಹಿಕ ಅಂತರ  
ಮಾಡಿ



ಕೈಗಳನ್ನು  
ಕಾಪಾಡಿಕೊಳ್ಳಿ





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*The Hindu News Paper  
Date: 06/02/2022*



## **KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY**

**Government of Karnataka Automomous Institution,**

**Dr. M.H. Marigowda Road, Bangalore - 560029.**

**Phone: 080- 66697999 Extn. 1009**

**No. KMIOI/EST-1/08/2021-22**

**Date: 05.02.2022**

### **NOTIFICATION**

Applications are invited from eligible candidates for the Group-C post **Radiotherapy Technologist** (Pay Scale of Rs. 27650-52650) one post, under **Scheduled Tribe (Backlog)**, Kalyana Karnataka - 371-J. Last date for receipt of Applications is **07.03.2022 at 4.00 p.m.** Applications received after the due date will not be entertained.

**Note:** For Application, Age, Qualification, eligibility criteria and other details please visit the Institute website.

**<https://kmio.karnataka.gov.in>**

**DIPR/DDU/AAPL/RO3250/21-22**

**Sd/- Director**



## KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY, BANGALORE - 560029

### Terms and Conditions for the Post of Radiotherapy Technologist:

01. Last date for submission of filled application is on or before 07.03.2022 at 4.00 P.M. Application shall be addressed to the Director, Kidwai Memorial Institute of Oncology, Dr. M.H. Marigowda Road, Bangalore -560029 in a sealed cover superscribing the name of the post in capital letters along with the **relevant Caste Certificate**, Marks Cards of the minimum Qualifications, Degree Certificate, Experience Certificate, **371(J) Certificate**, SSLC Marks Cards / Equivalent Certificate in proof of Age.
02. The Application should be accompanied by a Demand Draft of : Rs. 500/- by a candidate belonging to Schedule Tribe, candidates (which is not refundable) to be drawn in favour of the Director, Kidwai Memorial Institute of Oncology, Dr. M.H. Marigowda Road, Bangalore -560029 payable at Bangalore.
03. Age limit : 40 Years.
04. **Candidate will be selected on the basis of the aggregate of the percentage of marks secured by him / her in the qualifying examination prescribed for the post.**
05. No TA / DA will be provided to the Candidates by the Institute. They should attend the Interview on their own expenses.
06. The Candidate will be selected on the basis of merit to be determined on the basis of marks secured by the candidates.
07. Incomplete applications or applications without required enclosures, such as Educational Qualifications, Proof of Age, Reservation Category, experience, Physically Handicapped certificate etc., will be rejected.
08. Any candidate who has given false / wrong information in the application will be disqualified and at a later stage if found that the candidate has given false / wrong information his/her services is liable to be terminated.
09. The Director reserves the right to accept or reject the applications received for the post notified.
10. The Decision of Selection Committee in the matter of selection of the candidate is **final**.
11. In-service candidates working in State / Central Government Institution should forward their applications through respective Heads of Department and should reach the Director, Kidwai Memorial Institute of Oncology within the last date prescribed for receipt of application. No Objection Certificate is mandatory for In-service candidate from the present employers.
12. The candidate should produce Character and Conduct certificate obtained from their educational Institutions and attested by two Gazetted Officers.

  
DIRECTOR  
KIDWAI CANCER INSTITUTE  
Dr. M.H. Marigowda Road,  
Bengaluru-29

KIDWAI CANCER INSTITUTE, BANGALORE-560029

DEPARTMENT OF RADIATION ONCOLOGY

03. Cadre and Recruitment Rules for the post of Radiotherapy Technologist.

Name of the Post	Mode of Recruitment	Pay Scale	Minimum Qualification
Radiotherapy Technologist	Direct Recruitment	Rs. 14550-26700 27650-52650	<p><u>Minimum Qualification:</u> As prescribed by AERB and its amendment from time to time shall be applicable.</p> <p>a) The candidate should have passed : 10+ 2 (12 std) or equivalent with science subjects from a recognized University or Board ; and</p> <p>b) Two years Radiation therapy Technologist's Course or equivalent AERB authorized course, based on the minimum course concerned prescribed by the competent authority from a recognized Institution with in field training in Radiotherapy.</p> <p>c) Course Name and Training Centre should be Approved by AERB for Radiotherapy Technologist.</p>

  
DIRECTOR

DIRECTOR  
KIDWAI CANCER INSTITUTE  
Dr. M.H. Marigowda Road  
Bengaluru-29

Mjr.

KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY, BANGALORE - 560 029.

APPLICATION FORM FOR RADIOTHERAPY TECHNOLOGIST POST

Passport

size

photo

DD. No. \_\_\_\_\_ Amount Rs. \_\_\_\_\_ Bank Name \_\_\_\_\_

01.	Name of Candidate ( in capital letters)			
02.	Age			
03.	Date of Birth (as recorded in the SSLC Certificate)			
04.	Sex			
05.	Caste Certificate: S.T specify with certificate			
06.	Nationality			
07.	Postal address for correspondence ( Mobile No. Email I.D., if any, can also be given)			
08.	Name of Father / Mother/ Husband / Wife/Guardian			
09.	Details of the Qualifications			
Sl. No.	Qualifications	Marks/ Grade etc.	Percentage	Name of the College and University and year of passing

Contd..2

10. Experience:

Sl. No.	Designation	Period		Total No. of Years	Name of the Hospital/ Organization
		From	To		

11.	Higher Qualification if any and year of passing	
12.	Present employment if any	
13.	Extra Curricular Activities with Certificate	

**Signature of the Candidate.**

Date: \_\_\_\_\_

Place: \_\_\_\_\_