



MALABAR CANCER CENTRE
(POST GRADUATE INSTITUTE OF ONCOLOGY SCIENCES & RESEARCH)
(An autonomous institution under Government of Kerala)



Thalassery, P.O. Moozhikkara
Kannur-670 103, Kerala, S. India

Telephone : 0490 2399203, 2399350, 2355881
Fax : +91 490 2355880
Email : mcctly@mcc.kerala.gov.in
Website : www.mcc.kerala.gov.in

No. 7341 MCC/224/2022-GADE4/140

20/10/2026

EXISTING AND ARISING VACANCIES

Sl. no	Post	Qualification	No. of Vacancies	Consolidated Pay per month
FIXED TERM CONTRACT BASIS AT MALABAR CANCER CENTRE (POST GRADUATE INSTITUTE OF ONCOLOGY SCIENCES AND RESEARCH)				
1	SCHEME MANAGER	Qualification: MBBS Age: Less than 50 years	1	Rs. 50,000/-

GENERAL INSTRUCTIONS FOR ONLINE APPLICATIONS

- No of vacancies : Existing And Arising Vacancies
- Tenure of Appointment : For contract staff posted in MCC(PGIOSR) will be 179 days initially and can be extended for a maximum period of 3 years, subject to satisfactory performance(Maximum 6 tenures).
- Mode of selection : Written test/Interview
- Nature of appointment : Temporary (purely on contract)
- Venue : Administrative Block, MCC(PGIOSR)
- Candidate should apply ONLINE through our website www.mcc.kerala.gov.in & www.mcconline.in Last date of Online Application is **05/11/2026, 05.00 PM.**
- Please assure that you have the following before proceeding to **Online Registration** Your photograph in digital form with the following specifications:
 - Maximum Image size 30Kb
 - Imagedimension:150Wx200HpxImagetype:jpgformat
- Age relaxation will be applicable to Other Backward Classes for 3 years, Scheduled Castes/Scheduled Tribes for 5 years on the upper age limit.
- Application Fee:

The application fee shall be paid online through the payment gateway system provided in the online Application at the rate of **Rs.100/-(Rupees hundred only) for SC/ST category and Rs.250/-(Rupees Two hundred and fifty only) for others.**

 - Only SC/ST caste categories listed in the Kerala PSC will be considered.** Applicants from other states belonging to SC/ST categories, not listed in the Kerala PSC will be considered as General category.
- Candidates should produce the **originals Certificate** along with a **self attested copy** of the same at the time of interview.
- Communication of Interview/Test will be only through **e-mail/Website**. Candidates are advised to visit our website www.mcc.kerala.gov.in & www.mcconline.in regularly for updates/notices and announcements.
- Age will be calculated as on 1st January of the year **i.e., 01.01.2026.**

13.The experience will be calculated from the date on which requisite qualification is obtained to date of notification.

General Conditions

- ❖ Decision whether to admit the candidate for the interview in case he or she fails to bring any required document rests entirely at the discretion of MCC(PGIOSR), depending on the importance of the document.
- ❖ Each candidate will be called separately for the interview and interviewed in detail. If required, written test/online test shall be conducted.
- ❖ Any attempt to disrupt or interfere with the proceeding or any misconduct towards assisting staff or interview board members will disqualify the candidate without further explanation.
- ❖ Interview shall include questions related to subject knowledge, attitude assessment, aptitude assessment, subject assessment, personality assessment etc and may include practical assessment depending on the post to which the candidate appears.
- ❖ If candidate fail to complete the process of interview, he/she will not be ranked.

Important Note

- ❖ Request for change/correction in the application form shall not be entertained under any circumstances.
- ❖ In case if it is detected at any stage that a candidate does not fulfill the eligibility norms and/ or that he/she has furnished any incorrect/false information/certificate/documents or has suppressed any material fact(s), his/her candidature will stand cancelled. If any of these short comings is/are detected even after appointment, his/her service is liable to be terminated. The decision of MCC(PGIOSR) will be final in this regard.

Sd/-
DIRECTOR

DUTIES AND RESPONSIBILITIES – SCHEME MANAGER

The Scheme Manager shall be responsible for the effective coordination, clinical documentation, package compliance, claim management and liaison activities relating to KASP/PM-JAY and other Government/Insurance health-care schemes implemented at MCC(PGIOSR). The Scheme Manager shall coordinate with the Treating Doctors, Heads of Departments, KASP/Scheme Desk, Nursing and other concerned divisions to ensure that treatment is provided strictly in accordance with the approved package, scheme guidelines and applicable clinical protocols.

The duties and responsibilities shall include the following:

A. Beneficiary Identification and Scheme Eligibility

1. **Identification and verification of beneficiaries:** Ensure identification and confirmation of the eligibility/identity of scheme beneficiaries before commencement of any procedure or treatment, in accordance with the applicable scheme guidelines.
2. **Coordination for beneficiary registration:** Coordinate with the KASP/Scheme Desk and concerned departments to ensure that all required beneficiary verification and registration formalities are completed before elective treatment/admission.
3. **Pre-treatment compliance:** Ensure that mandatory scheme formalities, beneficiary verification and package-related requirements are completed before commencement of elective procedures, wherever applicable.

B. Package Selection and Pre-Authorisation

4. **Package identification and selection:** Assist the KASP/Scheme Desk in identifying and selecting the appropriate package based on the diagnosis, treatment proposed and clinical advice of the treating specialist.
5. **Clinical documentation for pre-authorisation:** Coordinate with the treating Doctor/HOD and KASP Desk for providing relevant investigation reports, clinical records, diagnosis, treatment plan and other documents required for uploading in the PM-JAY/NHA portal.
6. **Verification of pre-authorisation:** Verify the approved pre-authorisation, package details, procedure, validity period, package amount and applicable conditions before commencement of treatment.
7. **Compliance with package guidelines:** Ensure that the treatment/procedure proposed is consistent with the approved package and applicable scheme guidelines. Any deviation shall be brought to the notice of the Treating Doctor/HOD and Scheme Desk immediately.
8. **Mandatory investigations and reports:** Ensure that mandatory investigations/reports prescribed under the applicable package or treatment protocol are available before proceeding with treatment. Where any prescribed investigation/report is not available, the reasons shall be documented and appropriate justification/exemption obtained from the competent authority, wherever permissible under the scheme guidelines.

C. Clinical Documentation and Medical Record Compliance

9. **Daily verification of clinical records:** For admitted patients, ensure that Doctors' orders, nursing records, progress notes, treatment records and other mandatory clinical documentation are updated on a daily basis.
10. **Monitoring of treatment plan:** Verify, in coordination with the treating team, that the treatment being provided remains consistent with the approved package and pre-authorisation. Any change in diagnosis, treatment plan or procedure shall be immediately brought to the notice of the Scheme Desk.
11. **Progress notes:** Ensure that progress notes and clinical details are adequately documented and are consistent with the documents and requirements prescribed for the approved package.

12. **Medical justification:** Where the treatment provided differs from the originally approved procedure/package, ensure that appropriate clinical justification is recorded by the treating Doctor/HOD and that the necessary re-authorisation or modification is initiated within the prescribed time limit.
13. **Discharge documentation:** Coordinate with the treating Doctor/HOD for preparation of the discharge summary and other required medical documents in accordance with the approved pre-authorisation, treatment actually provided and applicable scheme requirements.

D. Medical Supervision and Ward Coordination

14. **Daily rounds:** The Scheme Manager shall undertake daily rounds in the designated Day Care and In-Patient wards for scheme beneficiaries, as part of scheme compliance monitoring.
15. **Package compliance during rounds:** During such rounds, verify whether the treatment/procedure being provided is in accordance with the approved package and pre-authorisation and whether the required medical documentation is being maintained.
16. **Coordination with treating teams:** Any discrepancy, variation or deviation noticed during ward/day-care rounds shall immediately be brought to the attention of the concerned Treating Doctor/HOD and Scheme Desk for necessary action.
17. **No interference with clinical decisions:** The Scheme Manager shall not substitute or interfere with the professional clinical judgment of the treating Doctor/HOD. The responsibility shall be to ensure that the clinical decision and treatment provided are appropriately documented and compliant with the applicable scheme requirements.
18. **Medical Superintendent-level coordination:** The Scheme Manager shall assist the head in monitoring scheme-related clinical and documentation compliance, including timely identification of deviations, deficiencies in medical records, package-related discrepancies and issues affecting claim admissibility.

E. Admission, Discharge and Patient Movement

19. **Daily beneficiary list:** Obtain the daily list of scheme beneficiaries from the respective departments/divisions and ensure timely coordination and support for their treatment, admission, procedure and discharge.
20. **Elective admissions:** In the case of elective admissions, ensure that the necessary scheme-related formalities, beneficiary verification, package selection and pre-authorisation requirements are completed before admission to the ward, wherever applicable.
21. **Discharge coordination:** Obtain the elective discharge list from the concerned wards and communicate the details of discharged in-patients to the KASP/Scheme Desk without delay.
22. **Discharge summary:** Ensure that the discharge summary and mandatory medical documentation are completed on the day of discharge, preferably before **12.00 noon** for planned/elective discharges, wherever operationally feasible.
23. **Discharge clearance:** Verify the Charge Account Sheet against the bill, approved package, medical records and treatment/procedure details and provide the required scheme-related clearance before discharge, subject to the applicable institutional procedure.

F. Billing and Package Compliance

24. **Package billing:** Ensure that medicines, consumables, procedures, investigations and other items covered under the approved package are appropriately accounted for and billed within the prescribed timelines.
25. **Verification of package utilisation:** Cross-check the treatment/procedure actually provided against the approved package and ensure that the relevant items and services are appropriately reflected in the billing/claim documentation.
26. **Prevention of billing discrepancies:** Identify and report instances of incorrect package selection, duplication, inappropriate billing, omission of package components or other discrepancies to the concerned authority for rectification.

27. **Charge account verification:** Verify the Charge Account Sheet with the corresponding medical records, doctor's orders, nursing records, bills and package details before recommending discharge/claim processing.

G. Claim Submission and Query Management

28. **Claim initiation:** Ensure timely initiation of claims after completion of treatment and availability of the required medical, billing and package documentation.
29. **Claim scrutiny:** Scrutinise the claim documents before submission to ensure that the approved package, treatment provided, investigations, medical records and billing details are mutually consistent.
30. **Claim queries:** Verify all queries raised by NHA/SHA/KASP or other nodal agencies and coordinate with the concerned Doctor/HOD, Finance, Billing, Nursing or other departments for obtaining appropriate clarification and supporting documents.
31. **Timely response:** Ensure that replies to claim queries are submitted within the prescribed time limit to avoid rejection or avoidable deductions.
32. **Rejected/discrepant claims:** Provide or coordinate the preparation of appropriate clinical, documentary and administrative justification for rejected, withheld or discrepant claims and pursue the matter with the concerned agency until final disposal.
33. **Claim monitoring:** Maintain appropriate records of submitted, pending, queried, rejected and settled claims and periodically report significant pending/disputed claims to the competent authority.

H. Coordination and Liaison

34. **Liaison function:** Act as the principal coordination point between the Treating Doctors/HODs, MCC(PGIOSR) KASP/Scheme Desk, Finance/Billing Division, Nursing, Medical Records and the concerned Government/Scheme authorities.
35. **Inter-departmental coordination:** Coordinate the movement of medical files and scheme-related documents between the Scheme Desk and various Departments/Divisions of the institution.
36. **Agency coordination:** Attend meetings, discussions and review meetings convened by SHA, NHA or other implementing agencies and provide necessary institutional support and information.
37. **Official correspondence:** Ensure timely response to letters, communications, notices, queries and requests received from Government/Scheme agencies.
38. **External liaison:** Undertake visits to the offices of NHA, SHA, or other concerned agencies, when specifically authorised or required for resolution of scheme-related matters.

I. Utilisation Certificates and Financial Follow-up

39. **Monthly Utilisation Certificates:** Coordinate and ensure timely preparation and submission of monthly Utilisation Certificates (UCs) and other prescribed statements to the concerned agencies.
40. **Scheme receivables:** Monitor scheme-related receivables and coordinate with the concerned Finance/Accounts Division and agencies for settlement of outstanding amounts.
41. **Follow-up with agencies:** Follow up with the concerned Government/Scheme agencies regarding pending claims, reimbursements, UCs, clarifications, deductions and outstanding payments.
42. **Reporting of financial issues:** Significant delays, deductions, claim rejections or financial issues affecting the institution shall be reported to the competent authority periodically.

J. Medical Superintendent / Institutional Compliance Support

43. **Scheme compliance monitoring:** Assist the head/competent authority in ensuring overall compliance with NHA/SHA/KASP guidelines applicable to the institution.

44. **Clinical audit support:** Facilitate periodic review/audit of scheme beneficiaries, package utilisation, pre-authorisations, treatment records, discharge summaries and claim documentation.
45. **Identification of deficiencies:** Identify recurring deficiencies in clinical documentation, package selection, pre-authorisation, billing, discharge documentation and claim submission and bring the same to the notice of the competent authority.
46. **Corrective measures:** Coordinate with the concerned departments for implementation of corrective and preventive measures relating to recurring scheme discrepancies.
47. **Quality and patient-care compliance:** Support the institution in maintaining proper documentation, patient-care processes and scheme compliance without compromising the clinical judgment of the treating medical team.
48. **Escalation of serious discrepancies:** Any suspected major deviation, inappropriate package utilisation, material documentation deficiency or issue likely to result in substantial claim rejection shall be immediately reported to the Medical Superintendent/competent authority.

K. Records and Reporting

49. **Scheme records:** Maintain appropriate records relating to beneficiaries, pre-authorisations, package approvals, treatment details, discharge summaries, claims, queries, rejections, UCs and settlement of claims.
50. **Periodic reporting:** Submit periodic reports to the Heads/competent authority regarding the status of scheme beneficiaries, package utilisation, pending authorisations, claims, queries, rejections, outstanding amounts and other significant issues.
51. **Confidentiality:** Maintain confidentiality of patient records, medical information, beneficiary information and scheme-related documents and ensure that such information is handled only for authorised institutional and scheme purposes.

L. Duty Hours and Institutional Discipline

52. **Duty hours:** The normal duty hours of the Scheme Manager shall ordinarily be **9.00 AM to 5.00 PM or 10.00 AM to 6.00 PM or 11.00 AM to 7.00 PM**, as determined by the institution according to operational requirements. The duty schedule may be modified by the competent authority depending upon patient load and scheme requirements.
53. **Availability during critical periods:** The Scheme Manager shall ensure availability/coordination during critical periods such as elective admissions, major procedures, discharge, claim submission deadlines and scheme inspections/reviews, as required by the competent authority.
54. **Identity card:** The Scheme Manager shall mandatorily wear the identity card issued by MCC(PGIOSR) while on duty.
55. **Uniform:** Where uniforms are prescribed by the concerned Department/Division, the Scheme Manager shall wear the prescribed uniform neatly and appropriately.
56. **Canteen facility:** The Scheme Manager may avail the subsidised food facility provided by the MCC(PGIOSR) Canteen, subject to the applicable institutional rules. For availing the facility, the Scheme Manager shall maintain a credit account with the Canteen and submit the required self-declaration authorising deduction of the eligible Canteen charges from the monthly remuneration.

M. General Responsibilities

57. The Scheme Manager shall comply with all applicable instructions, circulars, guidelines and directions issued by NHA, SHA, and other competent authorities from time to time.
58. The Scheme Manager shall ensure that scheme-related activities are carried out in a transparent, timely and accountable manner and that avoidable claim rejections, deductions and delays are minimised.

59. The Scheme Manager shall immediately bring to the notice of the Reporting Officer/competent authority any matter having significant implications for patient care, scheme compliance, claim admissibility or institutional revenue.
60. The Scheme Manager shall attend meetings, training programmes, orientation sessions and capacity-building programmes relating to NHA/SHA and other schemes, as directed by the competent authority.
61. The Scheme Manager shall undertake any other duty or responsibility relating to scheme administration, clinical documentation, package compliance, claim management or patient-care coordination that may be assigned by the Reporting Officer, Medical Superintendent or Head of the Institution from time to time.

Tenure:

- The duration of tenure for contract period is **179 days**. If the performance is satisfactory, it can be extended upto a maximum of **5 spells, with sufficient break, between each spells**. The candidate cannot claim for automatic extension. After completion of 06 tenures/spells, the same candidate, if interested, can participate in the fresh selection process for that particular post and he/she will have an advantage of **2 marks** in Interview (under subject knowledge), if their performance is satisfactory, throughout their tenure in the institution. This advantage will be given only for the candidates attending in immediate selection process.
- For each extension separate agreement in non-judicial stamp paper need to be executed with the appointing authority.
- For **resignation, one month notice period** is mandatory.

Remuneration:

- He/she shall mark the attendance in the attendance register as well as biometric punching system. Remuneration will be disbursed by 5th of every month, based on his/her attendance.
- He/she should start a Savings Account with MCC(PGIOSR) official Bank, immediately on joining duty. Monthly remuneration will be disbursed through the official Bank of MCC(PGIOSR).

Leaves:

- Leave without sanction/permission will be considered as loss of pay.
- *One weekly off* - This is generally on Sunday for Departments, which do not function on Sundays.
- In a tenure of 179 days, a maximum of 9 casual leaves is permitted. This leave will not be carried forward to the next tenure and is limited within each tenure.

Holidays:

- They will be eligible for all the following **CLOSED HOLIDAYS** declared by institution annually. But depending on the availability of other staff and institution requirements, she/he may be required to work on these days and can take compensatory off as per the Holiday policy which shall be issued separately by the institution. Contract staffs are **NOT** eligible for other Holidays of the institution or Holidays declared by the Government.

Sd/-

DIRECTOR