



CHITTARANJAN NATIONAL CANCER INSTITUTE

1st Campus – 37, S. P. Mukherjee Road, Kolkata - 700 026

2nd Campus - Street No.299, Plot No. DJ – 01, Premises No. 02-0321, Action Area ID,
New Town, Kolkata – 700160

Dated : 24.06.2023

Advt. No. N-232/2023

Director CNCI, Kolkata, invites applications for filling up the following 1(One) posts of **Nuclear Medicine Technologist** on Contractual Basis for a period of 1 year for Hospital Unit of CNCI 2nd Campus.

Post – Nuclear Medicine Technologist

Number of Positions: 1 (One)

Remuneration	Consolidated Salary as per norms.
Essential Qualification	B.Sc in Nuclear Medicine / DMRIT/DFIT
Age limit	30 years
Tenure	For the period of 1(One) year, which may be extended as per requirement of the Institute.
Date of Walk-in-interview & Time	17th July, 2023 from 11:00 AM onwards.
Venue of Walk-in-interview	2 nd Campus of Chittaranjan National Cancer Institute , Street No. 299, Plot No. DJ-01, Premises No 02-0321, Action Area-1D, New Town, Rajarhat, Kolkata – 700160.
Fees & Bank Details	Rs. 200/- Bank Details : Account Number – 40382089655 SBI - Sanjeeva Town(Code-16913) IFSC Code- SBIN0016913, MICR Code- 700002475

Details of the advertisement & application Form will be available on CNCI WEBSITE
<https://nci.ac.in>

Director



CHITTARANJAN NATIONAL CANCER INSTITUTE

(An Autonomous Institute under Ministry of Health and Family Welfare, Govt. of India)

(Application form for the tenure positions of Nuclear Medicine Technologist)

1.	Name of the position applied for & the Advt. No.				
2.	Name of the Candidate (in BLOCK CAPITAL)				
3.	Father's / Husband's Name				
4.	Address for communication, in full with telephone number, email, etc.				
5.	Date of Birth *				
6.	Whether belonging to SC/ST/OBC *				
7.	Academic qualifications *				
Sl. No.	Degree / Diploma	Year	University / Institute	Division / Grade	Chance (for medical personnel only)
8.	MCI Registration No. (for medical personnel only) * Whether NET / GATE qualified (for research fellowship only) *				

* Attach self authenticated certificates wherever required.

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9.	List of publications, if any (kindly attach additional sheet, if required)	
10.	Experience, if any (kindly attach additional sheet, if required)	
11.	Present status (kindly attach additional sheet, if required)	

I hereby declare that the information given above is true and complete to the best of my knowledge and belief.

Dated :

(Signature of the Candidate)

List of enclosures :

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
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- 8.