



Chittaranjan National Cancer Institute

1st Campus- 37, S.P. Mukherjee Road, Kolkata – 700026, West Bengal
2nd Campus - Street No.299, Plot No. DJ – 01, Premises No. 02-0321, Action Area ID,
New Town, Kolkata – 700160
(An Autonomous Body Under Ministry of Health & Family Welfare, Govt. of India)

Date: 24-09-2024

REFERENCE : ADVT. NO. N-270/2024 DT. 06-09-2024 FOR THE POST BASIC DIPLOMA IN ONCOLOGY NURSING COURSE – ACADEMIC SESSION 2024-25.

With reference to the above advertisement an interview was held on 23rd September, 2024. Based on qualification, experience and performance in the interview, the Director is pleased to select the following candidates for admission of Post Basic Diploma in Oncology Nursing Course – Academic Session 2024-25.

Merit list of the Candidates for admission to Post Basic Diploma in Oncology Nursing Course – Academic Session 2024-25:-

SI No	Name of the Candidates	Category
1	SHARMI HALDER	SC
2	SUSMITA BHAYA	OBC
3	SUJATA MONDAL	OBC
4	SUSAMA SAHU	UR
5	ADITI SHIT	UR
6	BHAIRAB DIGPATI	UR
7	NAYANA SHEE	UR
8	ARUNIMA KUNDU	UR
9	DIPTI KHATUA	UR
10	SOURAVI DAS	UR

The Selection Committee makes a waiting list as per the performance of the interview as follows:-

SI No	Waiting listed Candidates	Category
1	JANNATUN FIRDOUS	OBC (Waiting – 1)
2	MOUMITA MAL	OBC (Waiting – 2)
3	SANGITA PAUL	UR (Waiting -1)
4	ABIRASARKAR	UR (Waiting -2)
5	SILPA SARKAR	UR (Waiting -3)

The candidates have to report for Admission in PBDON Course on **27th September, 2024 at 09.30 A.M** Onwards at the Admin office of the Chittaranjan National Cancer Institute, **2nd Campus** - Street No.299, Plot No. DJ – 01, Premises No. 02-0321, Action Area ID, New Town, Kolkata – 700160 for admission.

Deputy Medical Superintendent

Date: 24-01-2024

COURSE FEES	Non-Sponsored Indian Candidates: Nil Sponsored Indian Candidates: Rs. 27500/- International Candidates: Rs.55000/-
STIPEND	Non-Sponsored candidates will be paid a stipend of Rs.12000/- per month during the course.
SECURITY DEPOSIT	Selected candidates are required to deposit an amount of Rs.10,000/- (Rupees Ten Thousand Only) at the time of joining. The deposit will be refunded without interest on completion of the training course or after completion of training, whichever is later on receipt of NOC. *If candidate leaves the training at any time before completion of the course and service agreement, the security deposit will stand forfeited.
BANK DETAILS	Bank Details : Account Number – 40382089655 SBI - Sanjeeva Town(Code-16913) IFSC Code- SBIN0016913, MICR Code- 700002475
COURSE DURATION	Total 1970 Hrs (as prescribed by Indian Nursing Council)
DATE OF ADMISSION	27.09.2024
DATE OF COMMENCEMENT OF CLASSES	01.10.2024 at 9.30 A.M

DOCUMENTS TO BE PRODUCED AT THE TIME OF ADMISSION

The selected Candidates must report on the prescribed date for admission at Administrative Office, CNCI. He / She will have to produce the following documents and will have to remit the fees at the time of reporting.

1. Originals of all documents sent along with the application form.
2. Fitness certificate from a registered Doctor not less than the rank of a Government Civil Surgeon.
3. Relieving order from concerned institution for service candidates.
4. Three passport size photographs.
5. Transfer certificate from the institution last studied.
6. Original B.Sc. Nursing Degree / GNM Diploma Certificate.
7. Original WBNC registration certificate. Cash receipt of the payment for obtaining registration from WBNC will not be accepted on any grounds.
8. Anti-ragging and substance abuse policy undertaking by both Student and Parent the prescribed format.

Further Instructions:

1. Admission will be confirmed only after the submission of all the documents as mentioned above. The admission will be cancelled, if the candidate has produced any fake certificate.
2. Any candidate who does not report on the date of admission will forfeit their chance for admission and the seat will be offered to the next candidates in the wait list.
3. Student who discontinue after commencement and before completion of the course shall forfeit the fees remitted except caution deposit. Any stipend received will have to be returned.
4. Hostel facility would be provided as per the availability.
5. Leave rules 100% theory and practical attendance is necessary to attend the final examination.
6. Stipend
A stipend of rupees 12000/- per month will be given to candidates during the course period. No stipend will be given for extension of the course on any account.
7. A Student discontinue the course after the last date of closing of admission, he/she will not be eligible to get the refund of the remitted fee except caution deposit.
8. No PBDON student shall leave the country without prior sanction of the Director, CNCI. Any violation will be viewed seriously warranting termination from the course
9. All students admitted to CNCI will be bound by the rules and regulations as decided by the Director, CNCI from time to time. The Director may take appropriate action against the offender including suspension or expulsion from the course.
10. Any other items not specifically covered in this document will be decided by the Director of Chittaranjan National Cancer institute, Kolkata and his/her decision shall be final.
11. The jurisdiction for court cases / dispute shall be within the exclusive jurisdiction of competent courts at Kolkata.

Medical Superintendent

Date: 25-09-2024

Copy to :

1. Notice Boards.
2. File



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

(स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्त संस्थान)

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

AFFIDAVIT BY THE STUDENT

I, _____ (full name of student with admission/registration/enrolment number) s/o -
d/o Mr./Mrs./Ms _____ having been admitted to
_____ (name of the institution) have received a copy of the UGC regulations on
Curbing the menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called
the "Regulations") carefully read and fully understood the provisions contained in the said
Regulations.

1. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
2. I have also, in particular, perused clause 7 and clause 9 (a) of the Regulation and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
3. I hereby solemnly aver and undertake that
 - a. I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
4. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9. (a) of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
5. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission my word is liable to be cancelled.

Declared this _____ day of _____ month of _____ year

Signature of Deponent

Name: VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) on this the _____ (day) of _____ (month) _____ (year).

Signature of deponent



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AFFIDAVIT BY PARENT/GUARDIAN

I, _____ Mr./Mrs./Ms. (full name of parent/guardian)
father / mother/guardian of _____(full name of student with
admission/registration/enrolment number),

1. Having been admitted to _____ (Name of the Institution), have received a copy of the UGC regulations on Curbing the menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9 (a) of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a. My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b. My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9 (a) of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission my ward is liable to be cancelled.

Declared this _____ day of _____ month of _____ year _____

Signature of Deponent

Name: _____ Address: _____ Telephone/Mobile No: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) on this the _____ (day) of _____ (month) and _____ (year)

Signature of deponent



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AFFIDAVIT BY THE STUDENT

I, _____(full name of student with admission/registration/enrolment number) S/o - D/o Mr./Mrs./Ms _____having been admitted to Chittaranjan National Cancer Institute, Kolkata have received a copy of the Substance Abuse Policy (hereinafter called the “Policy”) carefully read and fully understood the provisions contained in the said Policy.

1. I have, in particular, perused and fully understood clause - 3 of the Policy and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of the purchase, possession, use, consumption, sale, distribution or storage of any alcoholic beverage, controlled substance, smoking or illegal drug on the campus, training sites and sponsored student events, conferences and activities actively or passively, or being part of a conspiracy to promote such activities on the campus.
2. I hereby affirm that, if found guilty as mentioned in clause 2 above, I am liable for punishment according to clause 3 of the Policy, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

Declared this _____ day of _____ month of _____ year

Deponent

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Place:

Date:

Deponent



चित्तरंजन राष्ट्रीय कैंसर संस्थान

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1. I have, in particular, perused and fully understood the clause 3 of the Policy and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of the purchase, possession, use, consumption, sale, distribution or storage of any alcoholic beverage, controlled substance, smoking or illegal drug on the campus, training sites, student events, conferences and activities actively or passively, or being part of a conspiracy to promote such activities on the campus.
2. I hereby affirm that, if my ward is found guilty as mentioned in clause 2 above, he/she is liable for punishment according to clause 3 of the Policy, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

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Deponent

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Telephone/Mobile No:

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Place:

Date:

Deponent