



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 : 17-10-2024

Advt. No. N-273/2024

Director CNCI, Kolkata, invites applications for fill up the following Post of **Medical Officer** for CNCI 2nd Campus with the qualification as mentioned below:-

Number of Positions: 1 (One)

Name of Post : Medical Officer

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|---------------|---|
| Remuneration | Consolidated salary Rs. 1,00,000/- |
| Qualification | MBBS with working experience of minimum 2 years experience in the Emergency / Ward services of an Oncology Hospital or Multispecialty Hospital (more than 200 beds) (preferably NABH Accredited Hospital) |
| Age limit | 40 years |
| Tenure | for a Period of 44 Days . Can be extended on less than 45 days basis subject to satisfactory performance work and conduct report from concerned HOD. |

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| Date of Walk-in-interview & Time | 23rd October, 2024, from 11.30 A.M onwards. (The Reporting time will be at 10.30 A.M on the interview date) |
| Fees & Bank Details | Rs. 200/- Bank Details : Account Number – 40382089655 SBI - Sanjeeva Town(Code-16913) IFSC Code- SBIN0016913, MICR Code- 700002475 |
| 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. |

Director

Copy to : 1. PS for information
2. All Concerned.
3. Notice Boards.



CHITTARANJAN NATIONAL CANCER INSTITUTE

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

(Application form for the positions of Medical Officer)

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|---------|--|------|------------------------|------------------|-------------------------------------|
| 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) |
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| | | | | | |
| 8. | MCI Registration No. (for medical personnel only) * Whether NET / GATE qualified (for research fellowship only) * | | | | |

* Attach self authenticated certificates wherever required.

Cont. 2

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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.
- 7.
- 8.