



CHITTARANJAN NATIONAL CANCER INSTITUTE
2nd Campus

Street No. 299, Plot No. DJ-01, Premises No 02-0321, Action Area-1D, New Town,
Rajarhat, Kolkata – 700156

Dated : 21.04.2025

Advt. No. N-004/2025

Director CNCI, Kolkata, invites applications for filling up the following 1(One) post of **Specialist Grade-II Consultant in Critical Care unit** for a period of 1(One) year for Hospital Unit of CNCI 2nd Campus.

Name of the Post : Specialist Grade-II Consultant in Critical Care unit.
Number of Positions : 1 (One)

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| Remuneration | Consolidated Remuneration Rs. 1,50,000/- |
| Essential Qualification | a.) MCI recognized DM/equivalent in critical care medicine b) MCI Recognized MD/DNB or equivalent PG degree in Anaesthesiology /Chest & Respiratory Medicine/ Critical Care or c.) MD in General Medicine with DA or Fellowship in Critical Care or equivalent Preferably: 3 years post PG experience in Critical Care after (b and c.). Desirable: Additional Training or Fellowship in the specialty and Research Publications in indexed journals/Conference presentations in International/National/State Conferences. |
| Age limit | Not exceeding 45 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 | 2nd May, 2025, from 11.00 A.M onwards. (The Reporting time will be at 10.00 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 **Specialist Grade-II Consultant in Critical Care**)

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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.