



**CHITTARANJAN NATIONAL CANCER INSTITUTE**  
**1<sup>st</sup> Campus** – 37, S. P. Mukherjee Road, Kolkata - 700 026  
**2<sup>nd</sup> Campus** - Street No.299, Plot No. DJ – 01, Premises No. 02-0321,  
Action Area ID, New Town, Kolkata – 700160

Dated : 09-05-2025

**Advt. No. N-007/2025**

Director CNCI, Kolkata, invites applications for fill up the following Post on Contractual Basis for **CNCI Hazra Campus** with the qualification as mentioned below:-

**Post : CONSULTANT - MEDICAL ONCOLOGY.**  
**Number of Positions : 1 (One)**

Pay	Consolidated remuneration Rs. 1,50,000/-
Essential Qualification	MCI Recognized DM/DNB or equivalent qualification in Medical Oncology. OR MD/DNB/Equivalent PG degree in Radiotherapy/General Medicine with preferably 3 years post PG experience in Medical Oncology.  <b>Desirable: 1.</b> Experience in a Comprehensive Cancer Centre/Regional Cancer Centre/Teaching Hospital (either running DM/DNB/equivalent course in Medical Oncology) or a Cancer wing in a Medical College.  <b>Desirable: 2.</b> Additional Training or Fellowship in the specialty/Research Publication in indexed journals/Conference presentations in International/national/State Conferences.
Age limit	Not exceeding 45 years, Age relaxation shall be applicable as per Central Govt. rules
Tenure	For the period of 1(One) year, which may be extended as per requirement of the Institute.
Date of Walk-in-interview & Time	<b>29<sup>th</sup> May, 2025, from 11.30 A.M onwards.</b>  (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 <sup>nd</sup> Campus of <b>Chittaranjan National Cancer Institute</b> , Street No. 299, Plot No. DJ-01, Premises No 02-0321, Action Area-ID, 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 *CONSULTANT - MEDICAL ONCOLOGY*)

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.

Cont. 2

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.