



CHITTARANJAN NATIONAL CANCER INSTITUTE

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

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

Date: 10-07-2025

Advt. No. N-013/2025

POST BASIC DIPLOMA IN ONCOLOGY NURSING COURSE – **ACADEMIC SESSION 2025-26**

Chittaranjan National Cancer Institute is pleased to announce **career development opportunities** for nurses aspiring to specialize in oncology. Applications are invited for the **Post Basic Diploma in Oncology Nursing (PBDON)** for Academic Session 2025-26. This course offers nurses advanced knowledge and skills to provide comprehensive care to cancer patients. The details are as follows:-

NUMBER OF SEATS	10(Ten)
QUALIFICATION ELIGIBILITY	Educational Qualification: 1. Diploma in General Nursing and Midwifery OR 2. B.Sc. Nursing Experience: Minimum experience of 1(one) year after Diploma in General Nursing and Midwifery/ B.Sc. Nursing is mandatory. Note: Candidate passed with GNM/B.Sc Nursing course by recognized State Nursing Council but have reciprocal registration in WBNC
AGE LIMIT	30 years as on the last date of online application. Note: Age relaxation will be given as per GOI rules.
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.
COURSE DURATION	Total 1970 Hrs (as prescribed by Indian Nursing Council)

IMPORTANT DATES :

Event	Date
Submission of application Hard copy / email of the application.	10-07-2025 to 12.08.2025
Last Date of Submission Application	12-08-2025
Publication of Eligible Candidates list for appearing in Interview	16-08-2025
Date of Interview	22.08.2025
Publication of Selection List	25-08-2025
Date of Admission	28.08.2025
Date of Commencement of classes	01.09.2025
(The dates can change as per the convenience of the Institute)	

General Conditions:

1. Last date of application is **12.08.2025**. The candidates are required to submit hard copy of the online available application form and supporting documents (passport size photograph, attested copies of all certificates regarding Date of Birth, Educational Qualifications, Experience Certificates, Caste Certificate, Physically Handicapped Certificate etc.) to the **Office of the Medical Superintendent, CNCI, 2nd Campus** - Street No.299, Plot No. DJ – 01, Premises No. 02-0321, Action Area ID, New Town, Kolkata – 700160 or mail documents at administration2@cnci.ac.in.
2. In complete applications will be summarily rejected.
3. Candidates who would be called for Interview/Written Examination/Skill Test (any one or all) are required to **carry original documents along with one set of copy** in support of the details furnished in the online application form regarding date of birth, qualifications, experience, caste, disability certificate, etc. failing which such applicants will not be allowed to appear for Interview/Written Examination/Skill Test.
4. **Non Receipt of Application:** Chittaranjan National Cancer Institute does not take any responsibility for non- receipt of application through Online or delay in postal email.
5. **The applicant must possess valid email ID and all correspondence will be done through email only.**
6. **For Inquiry:** Candidates may email to administration2@cnci.ac.in. No phone calls will be entertained.
7. List of Selected Candidates will be uploaded on the website: <https://cnci.ac.in>

A. Application Fee:

A duly completed applications in the prescribed format, along with Bank Draft for **Rs. 200/-** drawn in favour of Director, CNCI, Kolkata, or Bank Transfer for **Rs. 200/-** in the given Bank Details : Account Number – 40382089655, Bank Name: State Bank of India, Branch Name: Sanjeeva Town (Code- 16913), IFSC Code- SBIN0016913, MICR Code- 700002475 (IN CASE OF BANK TRANSFER, PROOF OF PAYMENT RECEIPT HAVE TO SUBMITTED AT THE TIME OF VERIFICATION BY THE CANDIDATES)

- B. **Accommodation:** Sharing accommodation will be provided on chargeable basis, subject to availability

C. Selection Procedure:

- i) The selection will be made by the selection committee based on the merit i.e. marks obtained by the candidate in the Interview/ Written Examination/ Skill Test (any one or all). Decision of Selection Committee shall be final.
 - ii) Preference will be given to the candidates sponsored by Cancer Care Centers; other established hospitals providing comprehensive care to cancer patients and candidate keen to work with cancer patients.
- D. Chittaranjan National Cancer Institute reserves the right to restrict the number of candidates to a reasonable limit on the basis of qualification and marks. Merely fulfilling the prescribed qualifications will not entitle an applicant for selection. Hospital also reserves the right to reject any **OR** all the applications without assigning any reason thereof.
- E. Legal jurisdiction for any dispute will be at Kolkata only.

Director
CNCI

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PHOTO

APPLICATION FORM FOR POST BASIC DIPLOMA IN ONCOLOGY NURSING
SESSION 2025-26

1	Name of the Candidate as in records:(Block letter)	
2	Name of parent/guardian	
3	Age &Date of Birth	
4	Sex	
5	Nationality	
6	Permanent Address	
7	Address for communication	
8	Contact number	
9	E- mail ID	
10	WBMC/ INC Registration No.	
11	Adhaar Number	
12	Category (attach relevant certificate) General/SC/ST/SEBC	

13. Academic Qualifications

Sl No	Qualifications	Institution	Board	Year & Month	Group	Mark Percentage

*Attach self-attested copies of certificates

Declaration: I hereby declare that the details furnished in the application are true to the best of my knowledge and belief.

Place:

Signature of the candidate

Date: