



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 : 19.07.2025

Advt. No. N-015/2025

Director CNCI, Kolkata, invites applications for fill up the following **1(ONE)** number of **Medical Officer [Critical Care Unit (ITU RMO)]** post through Walk-in-interview for a period of 44 days Basis for CNCI.

Name of Post : **Medical Officer [Critical Care Unit (ITU RMO)]**
Number of Positions : **01 (One)**

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| Remuneration | Consolidated salary Rs. 1,00,000/- |
| Essential Qualification | i) A recognized Medical Qualification included in the first or second schedule or Part-II of the third schedule (other than licentiate qualification) to the Indian Medical Council Act. 1965. Holders of educational qualifications included in Part-II of the Third schedule should also fulfil the conditions stipulated in sub-section (3) of sections (13) of the Indian Medical Council Act, 1965. |
| Experience | MBBS with working experience of minimum 2 years in the Critical Care Unit. |
| Age limit | 55 years. |
| Tenure | 44 days. Can be extended on less than 45 days basis subject to satisfactory performance work and conduct report from concerned HOD. |
| Date of Walk-in-interview & Time | 22nd July, 2025, from 11.00 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



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 [Critical Care Unit (ITU RMO)])

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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.
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