



## CHITTARANJAN NATIONAL CANCER INSTITUTE

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

37, S.P. Mukherjee Road, Kolkata – 700026

Street No. 299, DJ Block, Action Area 1D, Kolkata-700 160

Email: [cncinstkol@gmail.com](mailto:cncinstkol@gmail.com), Phone: 033-2476-5101/02, 033-2475-9313

Advt No: H/03/2025

Date: 23<sup>rd</sup> July 2025

Director, CNCI, Kolkata, invites applications for filling up the following post of **Contractual Consultant (Part -Time)** in the Hospital unit of this Institute.

**Name of Post:** Contractual Consultant (Part-Time) (03 days a week as per requirement)

**Department:** Anesthesiology and Critical Care

**No. of Posts:** 01(One)

<b>Pay:</b>	Rs. 80,000/- Consolidated salary per month.
<b>Essential Qualification:</b>	MCI Recognized MD/DNB/or equivalent PG degree in Anesthesiology with 3 years post PG experience in Anesthesiology. <b>Desirable:</b> Experience in a Comprehensive Cancer Centre/Regional Cancer Centre/Teaching Hospital or a Medical College/ Cancer wing in a Medical College.
<b>Age limit:</b>	Not Exceeding 45 Years.
<b>Tenure</b>	06 months. Can be extended subject to satisfactory performance and conduct report from Competent Authority.
<b>Place of Posting</b>	1 <sup>st</sup> Campus. (Hazra)

Duly completed applications along with a Demand Draft of Rs. 200/- drawn in favour of Director, CNCI, Kolkata payable at State Bank of India, Bhowanipore Branch, Kolkata-25 (IFSC Code: **SBIN0000040**) **OR** Bank Transfer of Rs. 200/- in **Account No:** 11126767907, **Bank Name:** State Bank of India, **Branch:** Bhowanipore, **IFSC Code:** SBIN0000040, **MICR Code:** 700002016 along with original and self-attested copies of relevant documents have to be submitted at the time of Walk-In Interview which will be held on **31<sup>st</sup> July 2025 (Thursday) from 11:00 AM** at CNCI 1<sup>st</sup> Campus (Hazra).

**Director, CNCI**



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Passport Size  
Photo

Application Form for the post of \_\_\_\_\_

1.	Name of the position applied for and the Advt No.				
2.	Name of the Candidate (In BLOCK CAPITAL)				
3.	Father's/Husband's name				
4.	Address for communication in full with mobile no, Email etc				
5.	Date of Birth*				
6.	Whether belonging to SC/ST/OBC*				
7.	Academic Qualification*				
Sl No.	Degree/Diploma	Year	University/Institute	Division/Grade	Chance( for medical professional only)

8.	MCI Registration No.( for medical personnel only)*  Whether NET/GATE qualified( for research fellowship only)*	
9.	List of publications, if any  (kindly attach additional sheet, if any)	
10.	Experience, if any (Kindly attach additional sheet if required)	
11.	Present Status Kindly attach additional sheet if required)	

\*Attach self authenticated certificates wherever 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.