Chittaranjan National Cancer Institute

1st Campus- 37, S.P. Mukherjee Road, Kolkata – 700026, West Bengal

2nd Campus - Street No.299, Plot No. DJ – 01, Premises No. 02-0321, Action Area ID,
New Town, Kolkata – 700160

(An Autonomous Body Under Ministry of Health & Family Welfare, Govt. of India)

Date: 30-08-2025

REFERENCE: ADVT. NO. N-013/2025 DT. 10-07-2025 FOR THE POST BASIC DIPLOMA IN ONCOLOGY NURSING COURSE – ACADEMIC SESSION 2025-26.

With reference to the above advertisement an interview was held on 29th August, 2025. Based on qualification, experience and performance in the interview, the Director is pleased to select the following candidates for admission of Post Basic Diploma in Oncology Nursing Course – Academic Session 2025-26.

<u>Merit list of the Candidates for admission to Post Basic Diploma in Oncology Nursing Course – 2025-26 Session:-</u>

Sl No	Name of the Candidates	
1	MADHURIMA DEWAN	
2	SHILPA PRAHARAJ	
3	SOMASHREE PAKHIRA	
4	MANISHA BHAR	
5	MANALI CHATTERJEE	
6	MANIKA DAS	
7	ROSE KONER	
8	RAKHI DAS BERA	
9	MANISHA HORE	
10	SUMANA SINGHA	

The Selection Committee makes a waiting list as per the performance of the interview as follows:-

Sl No	Waiting listed Candidates	
1	HENA BISWAS	Waiting – 1
2	SUPRIYA MUKHERJEE	Waiting – 2
3	SUSMITA LALA	Waiting – 3
4	PALLABI NANDI	Waiting – 4
5	ANISHA BANIK	Waiting – 5
6	SOUMI MUSIB	Waiting – 6
7	ROHIMA MAJEE	Waiting – 7
8	RITWIJA SARKAR	Waiting – 8
9	PRIYA DE	Waiting – 9
10	SRESTHA ROY	Waiting – 10

The Selected candidates have to report for Admission in PBDON Course on 03^{rd} September, 2025 at 09.30 A.M Onwards at the Admin office of the Chittaranjan National Cancer Institute, 2^{nd} Campus - Street No.299, Plot No. DJ – 01, Premises No. 02-0321, Action Area ID, New Town, Kolkata – 700160 for admission.

Medical Superintendent

Date: 30-08-2025

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				
BANK DETAILS	forfeited. Bank Details: Account Number – 40382089655				
BANK BETALES	SBI - Sanjeeva Town(Code-16913) IFSC Code- SBIN0016913, MICR Code- 700002475				
COURSE DURATION	Total 1970 Hrs (as prescribed by Indian Nursing Council)				
DATE OF ADMISSION	03.09.2025				
DATE OF COMMENCEMENT OF CLASSES	04.09.2025 at 9.30 A.M				

DOCUMENTS TO BE PRODUCED AT THE TIME OF ADMISSION

The selected Candidates must report on the prescribed date for admission at Administrative Office, CNCI. He / She will have to produce the following documents and will have to remit the fees at the time of reporting.

- 1. Fitness certificate from a registered Doctor not less than the rank of a Government Civil Surgeon.
- 2. Relieving order from concerned institution for service candidates.
- 3. One passport size photographs.
- 4. Transfer certificate from the institution last studied.
- 5. Original B.Sc. Nursing Degree / GNM Diploma Certificate.
- 6. Original WBNC registration certificate. Cash receipt of the payment for obtaining registration from WBNC will not be accepted on any grounds.
- 7. Anti-ragging and substance abuse policy undertaking by both Student and Parent the prescribed format.

Further Instructions:

- 1. Admission will be confirmed only after the submission of all the documents as mentioned above. The admission will be cancelled, if the candidate has produced any fake certificate.
- 2. Any candidate who does not report on the date of admission will forfeit their chance for admission and the seat will be offered to the next candidates in the wait list.
- 3. Student who discontinue after commencement and before completion of the course shall forfeit the fees remitted except caution deposit. Any stipend received will have to be returned.
- 4. Hostel facility would be provided as per the availability.
- 5. Leave rules 100% theory and practical attendance is necessary to attend the final examination.
- 6. Stipend
 - A stipend of rupees 12000/- per month will be given to candidates during the course period. No stipend will be given for extension of the course on any account.
- 7. A Student discontinue the course after the last date of closing of admission, he/she will not be eligible to get the refund of the remitted fee except caution deposit.
- 8. No PBDON student shall leave the country without prior sanction of the Director, CNCI. Any violation will be viewed seriously warranting termination from the course
- 9. All students admitted to CNCI will be bound by the rules and regulations as decided by the Director, CNCI from time to time. The Director may take appropriate action against the offender including suspension or expulsion from the course.
- 10. Any other items not specifically covered in this document will be decided by the Director of Chittaranjan National Cancer institute, Kolkata and his/her decision shall be final.
- 11. The jurisdiction for court cases / dispute shall be within the exclusive jurisdiction of competent courts at Kolkata.

Medical Superintendent

Date: 30-08-2025

Copy to:

- 1. Website
- 2. File



चित्तरंजन राष्ट्रीय कैंसर संस्थान CHITTARANJAN NATIONAL CANCER INSTITUTE

(An Autonomous Institute under Ministry of Health and Family Welfare, Govt. of India) (स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्त संस्थान)

प्रथमकैंपस- 37, एस.पी.मुखर्जीरोड,कोलकाता-700026/1st Campus - 37, S. P. Mukherjee Road, Kolkata - 700 026 द्वितीय परिसर - स्ट्रीट नंबर 299, प्लॉट नंबर डीजे - 01, परिसर नंबर 02-0321, एक्शन एरिया 1डी, न्यू टाउन, कोलकाता - 700160 2nd Campus - Street No.299, Plot No. DJ - 01, Premises No. 02-0321, Action Area ID, New Town, Kolkata - 700160

AFFIDAVIT BY THE STUDENT

	l,(full name of student with admission/registration/enrolment number) s/o -			
	d/o Mr./Mrs./Ms having been admitted to			
	(name of the institution) have received a copy of the UGC regulations on			
	Curbing the menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called			
	the "Regulations") carefully read and fully understood the provisions contained in the said			
	Regulations.			
1.	I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes			
_	ragging.			
2.	I have also, in particular, perused clause 7 and clause 9 (a) of the Regulation and am			
	fully aware of the penal and administrative action that is liable to be taken against me in case			
	I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to			
	promote ragging.			
3.	I hereby solemnly aver and undertake that			
	a. I will not indulge in any behavior or act that may be constituted as ragging under clause 3			
	of the Regulations.			
	b. I will not participate in or abet or propagate through any act of commission or omission			
	that may be constituted as ragging under clause 3 of the Regulations.			
4.	I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause			
	9. (a) of the Regulations, without prejudice to any other criminal action that may			
	be taken against me under any penal law or any law for the time being in force.			
5.	I hereby declare that I have not been expelled or debarred from admission in any institution			
٠.	in the country on account of being found guilty of, abetting or being part of a			
	conspiracy to promote, ragging; and further affirm that, in case the declaration is found			
	to be untrue, I am aware that my admission my word is liable to be cancelled.			
	to be unitide, I am aware that my admission my word is hable to be cancelled.			
Dock	ared thisday of month of year			
Decia	neu tilisuay oi month ofyear			
C.	· · · CD· · ·			
Signa	ture of Deponent			
	VEDANICA TO V			
Nam	e: VERIFICATION			
17·C				
Verified that the contents of this affidavit are true to the best of my knowledge and no part of the				
affidavit is false and nothing has been concealed or misstated therein.				
Verified at (place) on this the(day) of (month) (year)_				
C:	t C -1 t			
Signa	ture of deponent			



Signature of deponent

चित्तरंजन राष्ट्रीय कैंसर संस्थान

CHITTARANJAN NATIONAL CANCER INSTITUTE

(An Autonomous Institute under Ministry of Health and Family Welfare, Govt. of India) (स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्त संस्थान)

प्रथमकैंपस- 37,एस.पी.मुखर्जीरोड,कोलकाता-700026/1st Campus - 37, S. P. Mukherjee Road, Kolkata - 700 026 द्वितीय परिसर - स्ट्रीट नंबर 299, प्लॉट नंबर डीजे - 01, परिसर नंबर 02-0321, एक्शन एरिया 1डी, न्यू टाउन, कोलकाता - 700160 2nd Campus - Street No.299, Plot No. DJ - 01, Premises No. 02-0321, Action Area ID, New Town, Kolkata - 700160

AFFIDAVIT BY PARENT/GUARDIAN

	I,Mr./Mrs./Ms. (full name of parent/guardian)				
	father / mother/guardian of(full name of student with				
	admission/registration/enrolment number),				
1.	Having been admitted to(Name of the Institution), have received a copy of the				
1.	UGC regulations on Curbing the menace of Ragging in Higher Educational Institutions, 2009,				
	(hereinafter called the "Regulations") carefully read and fully understood the provisions				
	contained in the said Regulations.				
	contained in the said regulations.				
2.	I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes				
	ragging.				
3.	I have also, in particular, perused clause 7 and clause 9 (a) of the Regulations and am fully				
0.	aware of the penal and administrative action that is liable to be taken against my ward in				
	case he/she is found guilty or abetting ragging, actively or passively, or being part of a				
	conspiracy to promote ragging.				
4.	I hereby solemnly aver and undertake that				
	a. My ward will not indulge in any behavior or act that may be constituted as ragging under				
	clause 3 of the Regulations.				
	b. My ward will not participate in or abet or propagate through any act of commission				
	or omission that may be constituted as ragging under clause 3 of the Regulations.				
5.	I hereby affirm that, if found guilty of ragging, my word is liable for punishment				
	according to clause 9 (a) of the Regulations, without prejudice to any other criminal action				
	that may be taken against my ward under any penal law or any law for the time being in force.				
6.	I hereby declare that my word has not been expelled or debarred from admission in any				
	institution in the country on account of being found guilty of, abetting or being part of a				
	conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be				
	untrue, I am aware that my admission my word is liable to be cancelled.				
Decla	ared this day of month of year				
Sign	ature of Deponent				
Ū	•				
Nan	ne: Address: Telephone/Mobile No:				
LIED	ADJ.CAMION.				
VER	IFICATION				
Veri	Verified that the contents of this affidavit are true to the best of my knowledge and no part of the				
	affidavit is false and nothing has been concealed or misstated therein.				
	fied at (place) on this the (day) of _ (month) and (year)				
, 011	(p.ace) on and are (aay) or_ (monthly and (year)				



चित्तरंजन राष्ट्रीय कैंसर संस्थान CHITTARANJAN NATIONAL CANCER INSTITUTE

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

(स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत संस्थान)

प्रथमकैंपस- 37,एस.पी.मुखर्जीरोड,कोलकाता-700026/1st Campus - 37, S. P. Mukherjee Road, Kolkata - 700 026 द्वितीय परिसर - स्ट्रीट नंबर 299, प्लॉट नंबर डीजे - 01, परिसर नंबर 02-0321, एक्शन एरिया 1डी, न्यू टाउन, कोलकाता - 700160 2nd Campus - Street No.299, Plot No. DJ - 01, Premises No. 02-0321, Action Area ID, New Town, Kolkata - 700160

AFFIDAVIT BY THE STUDENT

I,(full name of student with admission/registration/enrolment number) S/o - D/o Mr./Mrs./Mshaving been admitted to Chittaranjan National Cancer Institute, Kolkata have received a copy of the Substance Abuse Policy (hereinafter called the "Policy") carefully read and fully understood the provisions contained in the said Policy.
1. I have, in particular, perused and fully understood clause - 3 of the Policy and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of the purchase, possession, use, consumption, sale, distribution or storage of any alcoholic beverage, controlled substance, smoking or illegal drug on the campus, training sites and sponsored student events, conferences and activities actively or passively, or being part of a conspiracy to promote such activities on the campus.
2. I hereby affirm that, if found guilty as mentioned in clause 2 above, I am liable for punishment according to clause 3 of the Policy, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force. Declared this day of month of year
Deponent
VERIFICATION
Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.
Place:
Date:

Deponent



चित्तरंजन राष्ट्रीय कैंसर संस्थान

CHITTARANJAN NATIONAL CANCER INSTITUTE

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

(स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत संस्थान)

प्रथमकैंपस- 37,एस.पी.मुखर्जीरोड,कोलकाता-700026/1st Campus – 37, S. P. Mukherjee Road, Kolkata - 700 026 द्वितीय परिसर - स्ट्रीट नंबर 299, प्लॉट नंबर डीजे - 01, परिसर नंबर 02-0321, एक्शन एरिया 1डी, न्यू टाउन, कोलकाता – 700160 2nd Campus - Street No.299, Plot No. DJ – 01, Premises No. 02-0321, Action Area ID, New Town, Kolkata – 700160

AFFIDAVIT BY PARENT/GUARDIAN

	I, M. parent/guardian) father / mother/guardian of	Ir./Mrs./Ms.	(full name of	name	of
	admission /registration/enrolment number) having be	een admitted to Cl	_ (Tuli fiame (hittaranjan N	Ji student w Jational Cand	cer
	Institute, Kolkata have received a copy of the Subs	tance Abuse Pol	icy (hereina	fter called t	
	"Policy") carefully read and fully understood the provis	sions contained in	the said Polic	cy.	
1.	. I have, in particular, perused and fully understood the	clause 3 of the Po	licy and am	fully aware o	of
	the penal and administrative action that is liable to be				
	is found guilty of the purchase, possession, use, any alcoholic beverage, controlled substance, smoking				
	student events, conferences and activities actively or				
)	promote such activities on the campus. I hereby affirm that, if my ward is found guilty as men	tioned in clause 2	ahove he/sh	ne is liable fo	ır
	punishment according to clause 3 of the Policy, without	t prejudice to any	other crimin		
	may be taken against me under any penal law or any la		ng in force.		
	Declared thisday ofmonth of	year			
		Day			
		Dej	ponent		
	Address:				
	Telephone/Mobile No:				
	VERIFICATION				
	Verified that the contents of this affidavit are true	to the best of my	knowledge a	and no part o	of
	the affidavit is false and nothing has been concealed or	_	_	pu	-
	Place:				
	Data				
	Date:				
		Dai	onent		
		Del	Policiit		