

CHITTARANJANNATIONALCANCERINSTITUTE

StreetNo.299, PlotNo.DJ-01,PremisesNo02-032l,Action Area-1D,NewTown, Rajarhat,
Kolkata -700156

Advt.No.N-003/2026**Dated:22.01.2026**

Director CNCI, Kolkata, invites applications for filling up the following tenure posts of Senior Resident for Hospital Unit of CNCI 2nd Campus.

SENIOR RESIDENT: NUMBER OF POST: 01 (Two)**1. Senior Resident : I (One) Post in the Department of Surgical Oncology (Gynae)**

Pay	Consolidated salary as per norms.
Essential Qualification	<p>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 fulfill the conditions stipulated in sub-section (3) of sections (13) of the Indian Medical Council Act, 1965.</p> <p>(ii) PG Degree in the respective discipline</p> <p>*Candidates having experience in respective department will be preferred.</p>

Age limit	37 years
Tenure	for a Period of 44 Days . Can be extended on less than 45 days basis subject to satisfactory performance work and conduct report from concerned HOD.
Mode of Application	Interested candidates may send scanned copies of the application, along with one complete set of scanned copies of all supporting documents and certificates, a recent passport-size photograph, and a copy of the fee payment receipt, to recruitment.cncik@gmail.com
Date of Submission of Application	22-01-2026 to 29-01-2026
Last Date for Submission of Application	29-01-2026
Date of Interview	30.01.2026 from 02:00 PM Onwards
Application Fees & Bank Details	<p>Rs. 200/-</p> <p>Bank Details: Account Number-40382089655 SBI-Sanjeeva Town (Code-16913) IFSC Code- SBIN0016913, MICR Code-700002475</p>

DIRECTOR



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(AnAutonomousInstituteunderMinistry ofHealthandFamilyWelfare,Govt.ofIndia)

RECENT
PASSPORT
SIZEPHOTO

[APPLICATIONFORMFORTHETENUREPOSITIONSOFSENIORRESIDENT]

1.	Nameof the position applied for &the Advt.No.				
2.	Name of the Candidate (in BLOCK CAPITAL)				
3.	Father's/Husband'sName				
4.	Addressforcommunication,infullwith telephone number, email, etc.				
5.	DateofBirth*				
6.	WhetherbelongingtoSC/ST/OBC*				
7.	Academicqualifications*				
Sl. No.	Degree/Diploma	Year	University/Institute	Division/ Grade	Chance(<i>form edical personnel only</i>)
8.	MCIRegistration No.(<i>for medicalpersonnel only</i>)* Whether NET/GATE qualified (<i>forresearchfellowship only</i>)*				

* Attachself authenticatedcertificateswhereverrequired.

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.
- 7.
- 8.