

CHITTARANJAN NATIONAL CANCER INSTITUTE

StreetNo.299, PlotNo.DJ-01,PremisesNo02-0321,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 2<sup>nd</sup> Campus.

**SENIORRESIDENT: NUMBEROFPST:01(Two)**

## **1. Senior Resident :1(One) Post in the Department of Surgical Oncology (Gynaecology)**

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 <a href="mailto:recruitment.cncik@gmail.com">recruitment.cncik@gmail.com</a>
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	Rs. 200/- Bank Details: Account Number-40382089655 SBI-Sanjeeva Town (Code-16913) IFSC Code- SBIN0016913, MICR Code-700002475

## DIRECTOR



# CHITTARANJAN NATIONAL CANCER INSTITUTE

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

RECENT  
PASSPORT  
SIZE PHOTO

## [APPLICATION FORM FOR THE TENURE POSITIONS OF SENIOR RESIDENT]

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.
- 7.
- 8.