



# CHITTARANJAN NATIONAL CANCER INSTITUTE

1<sup>st</sup> Campus – 37, S. P. Mukherjee Road, Kolkata - 700 026

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

Dated : 17.02.2026

## Advt. No. N-006/2026

Director CNCI, Kolkata, invites applications for filling up the following 2(Two) post of **Medical Officers in Medical Oncology (Day Care Chemotherapy unit)** for a period of 1 year for Hospital Unit of CNCI 2<sup>nd</sup> Campus

### **Post : Medical Officers in Medical Oncology (Day Care Chemotherapy unit)**

### **Number of Positions: 2 (Two) [UR-1 & SC-1]**

|                            |   |
|----------------------------|---|
| Remuneration               | Consolidated salary Rs. 1,00,000/-  |
| Qualification              | MBBS with experience in Chemotherapy/Medical Oncology<br><br>* Candidates having prior experience in a chemotherapy/oncology unit will be given preference.   |
| Age limit                  | 40 years  |
| Tenure                     | For the Period of 1(One) year, which may be extended as per requirement of the Institute.   |
| Date of interview & Time   | <b>To be intimated.</b>   |
| Fees & Bank Details        | Rs. 200/-<br>Bank Details : Account Number – 40382089655<br>SBI - Sanjeeva Town(Code-16913)<br>IFSC Code- SBIN0016913,<br>MICR Code- 700002475  |
| Venue of Walk-in-interview | 2 <sup>nd</sup> Campus of <b>Chittaranjan National Cancer Institute</b> , Street No. 299, Plot No. DJ-01, Premises No 02-0321, Action Area-1D, New Town, Rajarhat, Kolkata – 700160.  |
| Application Procedure      | Eligible candidates may apply by sending the duly filled application form to the email @ <a href="mailto:recruitment.cncik@gmail.com">recruitment.cncik@gmail.com</a><br><br>Last Date of Submission of application form is <b>26.02.2026</b> . |

**Director**

Copy to : 1. PS for information  
2. All Concerned.  
3. Notice Boards.



# CHITTARANJAN NATIONAL CANCER INSTITUTE

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

Photo

[Application form for the positions of Medical Officers in Medical Oncology  
(Day Care Chemotherapy unit)]

|         |  |      |                        |                  |                                     |
|---------|--|------|------------------------|------------------|-------------------------------------|
| 1.      | Name of the position applied for & the Advt. No.   |      |                        |                  |                                     |
| 2.      | Name of the Candidate<br>(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) |
|         |  |      |                        |                  |                                     |
|         |  |      |                        |                  |                                     |
|         |  |      |                        |                  |                                     |
|         |  |      |                        |                  |                                     |
|         |  |      |                        |                  |                                     |
|         |  |      |                        |                  |                                     |
| 8.      | MCI Registration No. (for medical personnel only) *<br>Whether NET / GATE qualified (for research fellowship only) * |      |                        |                  |                                     |

\* Attach self authenticated certificates wherever required.

Cont. 2

|     |   |  |
|-----|---|--|
| 9.  | List of publications, if any<br>(kindly attach additional sheet, if required) |  |
| 10. | Experience, if any<br>(kindly attach additional sheet, if required)           |  |
| 11. | Present status<br>(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.