

चित्तरंजन राष्ट्रीय कैंसर संस्थान

CHITTARANJAN NATIONAL CANCER INSTITUTE

(स्वास्थ्य और परिवार कल्याण मंत्रालय के तहत एक स्वायत्त संस्थान, भारत सरकार)

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

प्रथम कैंपस - 37, एस. पी. मुखर्जी रोड, कोलकाता - 700 026/1st Campus – 37, S. P. Mukherjee Road, Kolkata - 700 026

द्वितीय कैंपस - 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 1D, New Town, Kolkata – 700160

Phone: 033-2324-5015, Email: cncinstkol@gmail.com, Website: cnci.ac.in

Advt. No. CAHPIP-OT-01/2026

Dated: 28.02.2026

Director, CNCI, Kolkata, invites applications for filling up the following posts of CNCI Allied and Healthcare Professional Internship Program – OT Technologist (CAHPIP-OT)

Name: OT Technologist Intern

No. of post: 02 (Two)

Stipend	Rs. 10,900 /- stipend per month.
Essential Qualification:	Full-time Diploma in Operation Theatre Technology from State Medical Faculty (WB) / recognized University OR B.Sc. in Operation Theatre Technology from recognized University Candidates Candidates must have qualified the above degrees within the last 02 years of date of publication of advertisement.
Tenure	06 months, extendable subject to satisfactory performance and conduct report from Competent Authority.
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, to recruitment.cncik@gmail.com mentioning the post name.
Last Date of submission	15.03.2026
Date of Interview	Will be intimated later

No separate communication will be made in this regard.

The decision of the Competent Authority will be final and binding.

DIRECTOR



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Application for the post of OT-Technologist Intern

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			
5.	Date of Birth*			
6.	Whether belonging to SC/ST/OBC*			
7.	Academic Qualification*			
Sl No.	Degree/Diploma	Year	University/Institute	Division / Grade
10.	Experience, if any			
11.	Present Status			

*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.

Signature