



CHITTARANJAN NATIONAL CANCER INSTITUTE

1st Campus – 37, S. P. Mukherjee Road, Kolkata - 700 026

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

Dated : 02.04.2026

Advt. No. N-012/2026

Director CNCI, Kolkata, invites applications for fill up the following post for Hospital Unit of CNCI 2nd Campus.

Post : Stipendiary Clinical Associates in Oral Oncology.

Number of Positions: 1 (One)

Stipend	Stipend Rs. 50,000/- Per Month
Qualification	i) M.S/D.N.D. (ENT) OR Equivalent Postgraduate Degree Recognized by NMC OR ii) M.S/D.N.B. (General Surgery) OR Equivalent Postgraduate Degree Recognized by NMC OR iii) M.D.S. (Maxillofacial Surgery) OR Equivalent Postgraduate Degree Recognized by DCI
Age limit	45 years
Tenure	For the Period of 6(Six) Months, which may be extended as per requirement of the Institute.

Date of Walk-in-interview & Time	17th April, 2026, from 12.00 P.M onwards. (The Reporting time will be at 11.00 A.M on the interview date)
Fees & Bank Details	Rs. 200/- Bank Details : Account Number – 40382089655 SBI - Sanjeeva Town(Code-16913) IFSC Code- SBIN0016913, MICR Code- 700002475
Venue of Walk-in-Interview	2 nd Campus of Chittaranjan National Cancer Institute , Street No. 299, Plot No. DJ-01, Premises No 02-0321, Action Area-1D, New Town, Rajarhat, Kolkata – 700160.

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)

RECENT
PASSPORT
SIZE PHOTO

(Application form for the positions of Stipendiary Clinical Associates in Oral Oncology)

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)
8.	MCI Registration No. (for medical personnel only) *				
	Whether NET / GATE qualified (for research fellowship only) *				

* Attach self authenticated certificates wherever required.

Cont. 2

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.