



# 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 : 20.05.2026

## Advt. No. N-013/2026

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

### **Post : Medical Officer in the Department of Medical Oncology (Day Care Chemotherapy unit)**

### **Number of Positions: 1 (One)**

Remuneration	Consolidated salary Rs. 1,00,000/-
Qualification	MBBS with experience in Chemotherapy/Medical Oncology  * 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 Walk-in-interview & Time	<b>25<sup>th</sup> April, 2026 from 11.00 A.M onwards</b> <b>Reporting Time : 10.00 AM</b>
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 <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.

**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 Post : Medical Officer in the Department of Medical Oncology (Day Care Chemotherapy unit)]

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.
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- 5.
- 6.
- 7.
- 8.