



CHITTARANJAN NATIONAL CANCER INSTITUTE

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

37, S.P. Mukherjee Road, Kolkata – 700026

Street No. 299, DJ Block, Action Area 1D, Kolkata-700 160

Email: cncinstkol@gmail.com, Phone: 033-2476-5101/02, 033-2475-9313

Advt. No. H-03/2026

Dated : 09.05.2026

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

Post : Stipendiary Clinical Associates in Oral Oncology.

Number of Positions: 02 (Two)

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	18th May, 2026, from 12.00 P.M onwards. (The Reporting time will be at 11.00 A.M on the interview date)
Fees & Bank Details	Fees: Rs. 200/- Bank Details : A/C Name: Director, CNCI, Account Number:11126767907 Bank Name: State Bank of India, Branch Name:Bhowanipore IFSC Code:SBIN0000040 MICR Code:700002016
Venue of Walk-in-Interview	1 st Floor Conference Room 37, S. P. Mukherjee Road, Kolkata - 700 026

DIRECTOR

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



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

RECENT PASSPORT
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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.