



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 : 24.07.2026

Advt. No. N-024/2026

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 2nd Campus

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

Number of Positions: 2 (Two)

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 interview & Time	1st August, 2026 from 11.00 A.M onwards Reporting Time : 10.00 AM
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)

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 (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.