# 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

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Dated : 04.09.2026

**Advt. No. N-030/2026**

Director CNCI, Kolkata, invites applications for filling up the following 1(One) post of Full Time Consultant in the Department of Pain & Palliative Care on Contractual Basis for a period of 1(One) year for Hospital Unit of CNCI Newtown Campus.

**Post : Full Time Consultant in the Department of Pain & Palliative Care**
**Number of Positions: 1 (One)**

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| Pay | Consolidated Remuneration Rs. 1,50,000/- |
| Essential Qualification | MBBS, MD (Palliative Medicine)<br><br>Preferably: 3 years post PG experience in Pain & Palliative Care. |
| Age limit | Not exceeding 45 years. |
| Tenure | For the period of 1(One) year, which may be extended as per requirement of the Institute. |

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| **Date of Walk-in-interview & Time** | **8th September, 2026, from 4.00 P.M onwards.**<br><br>(The Reporting time will be at 03.30 P.M on the interview date) |
| Application Fees & Bank Details | Rs. 200/-<br>Bank Details : Account Number – 40382089655<br>SBI - Sanjeeva Town(Code-16913)<br>IFSC Code- SBIN0016913,<br>MICR Code- 700002475 |
| **Venue of Walk-in-interview** | 2nd 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**

# CHITTARANJAN NATIONAL CANCER INSTITUTE

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

***[Application form for the tenure positions of Full Time Consultant in the Department of Pain & Palliative Care]***

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

* *Attach self authenticated certificates wherever required*.

*Cont. 2*

| | | |
|---|---|---|
| 9. | List of publications, if any<br>(kindly attach additional sheet, if required) | |
| 10. | Experience, if any<br>(kindly attach additional sheet, if required) | |
| 11. | Present status<br>(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 :

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