



CHITTARANJAN NATIONAL CANCER INSTITUTE

2nd Campus

Street No. 299, Plot No. DJ-01, Premises No 02-0321, Action Area-1D, New Town,
Rajarhat, Kolkata – 700160

Dated : 30.09.2026

Advt. No. N-032/2026

Director CNCI, Kolkata, invites applications for filling up the following 1(One) number Post of **Junior Resident** in the department of **Haemato-Oncology** for CNCI New Town Campus for a **Period of 44 Days**, The qualification as mentioned below:-

Post : **JUNIOR RESIDENT**
Number of Post : **01(One)**
Department : **Haemato-Oncology**

Remuneration	Consolidated Salary as per norms.
Essential Qualification	i) A recognized Medical Qualification included in the first or second schedule or Part-II of the third schedule (other than licentiate qualification) to the Indian Medical Council Act. 1965. Holders of educational qualifications included in Part-II of the Third schedule should also fulfill the conditions stipulated in sub-section (3) of sections (13) of the Indian Medical Council Act, 1965. Desirable : 1 years experience in the relevant filed.
Age limit	37 years
Tenure	44 days. Can be extended on less than 45 days basis subject to satisfactory performance work and conduct report from concerned HOD.
Date of Walk-in-interview & Time	13th October, 2026 from 11.00 A.M onwards Reporting Time : 11.00 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 Junior Resident)

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.