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/09/2026 **Date: 23rd November 2026**

Director, CNCI, Kolkata , invites applications for filling up the following post of **Contractual Consultant (Part -Time) in** the Hospital unit of this Institute.

Name of Post: Contractual Consultant (Part-Time) (03 days a week as per requirement)

Department: Anesthesiology and Critical Care

No. of Posts: 01(One)

Pay:	Rs. 85,000/- Consolidated salary per month.
Essential Qualification:	MCI Recognized MD/DNB/or equivalent PG degree in Anesthesiology with 3 years post PG experience in Anesthesiology. **Desirable**: Experience in a Comprehensive Cancer Centre/Regional Cancer Centre/Teaching Hospital or a Medical College/ Cancer wing in a Medical College.
Age limit:	Not Exceeding 45 Years.
Tenure	06 months. Can be extended subject to satisfactory performance and conduct report from Competent Authority.
Place of Posting	1st Campus. (Hazra)

Duly completed applications along with a Demand Draft of Rs. 200/- drawn in favour of Director, CNCI, Kolkata payable at State Bank of India, Bhowanipore Branch, Kolkata-25 (IFSC Code: **SBIN0000040**) **OR** Bank Transfer of Rs. 200/- in **Account No**: 11126767907, **Bank Name**: State Bank of India, **Branch**: Bhowanipore, **IFSC Code**: SBIN0000040, MICR **Code**: 700002016 along with original and self-attested copies of relevant documents have to be submitted at the time of Walk-In Interview which will be held on **30th November 2026 (Monday) from 12.00 Noon** at CNCI 1st Campus (Hazra), 1st Floor Conference Room Research Building.

Director, CNCI

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Application Form for the post of_____

Passport Size Photo

1.	Name of the position applied for and the Advt No.				
2.	Name of the Candidate (In BLOCK CAPITAL)				
3.	Father's/Husband's name				
4.	Address for communication in full with mobile no, Email etc				
5.	Date of Birth*				
6.	Whether belonging to SC/ST/OBC*				
7.	Academic Qualification*				
Sl No.	Degree/Diploma	Year	University/Institute	Division/Grade	Chance(for medical professional only)

8.	MCI Registration No.(for medical personnel only)* Whether NET/GATE qualified(for research fellowship only)*	
9.	List of publications, if any (kindly attach additional sheet, if any)	
10.	Experience, if any (Kindly attach additional sheet if required)	
11.	Present Status Kindly attach additional sheet if required)	

*Attach self authenticated certificates wherever 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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