

CHITTARANJAN NATIONAL CANCER INSTITUTE

37. S. P. Mukherjee Road, Kolkata - 700 026

Advt. No. 628-B/2021

No: 186

Dated: 02.11.2021

Director,CNCI, Kolkata, invites applications for filling up the following posts of Senior Resident in the Hospital unit of this Institute on a 44 days basis.

**(1) Senior Resident : No. of posts- 4(Four)
[Surgical Oncology-2, Gynaecological Oncology-1, Pathology-1]**

| | |
|---------------------------------|---|
| Pay: | Consolidated salary as per norms. |
| Essential Qualification: | (i)A recognised 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 fulfil the conditions stipulated in sub- section (3) of sections (13) of the Indian Medical Council Act, 1965. ii) A post graduate degree in respective discipline from a recognised University and must produce MCI Registration Certificate for the same at the time of joining. |
| Age limit: | 37 years. (Relaxable as per Govt.of India Rules) |
| Tenure | 44 days. Can be extended subject to satisfactory performance and conduct report from competent Authority. |

Duly completed applications along with a Demand Draft of Rs. 100/- drawn in favour of Director, CNCI, Kolkata 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 **16.11.2021** at **12 Noon** in the **O.I.C(H) Office**. No separate communication will be made in this regard.



Officer-In-Charge(H)

Dr. Rup Saha
Officer-In-Charge (H)
C N C I, Kol-26

Copy to:

1. PS for information to Director
2. All concerned
3. Notice Boards



CHITTARANJAN NATIONAL CANCER INSTITUTE

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

37, S. P. Mukherjee Road, Kolkata - 700 026

(Application form for the tenure positions of Junior Resident / Senior Resident / Medical Officer / Consultant Doctor)

| | | | | | |
|---------|--|------|------------------------|------------------|-------------------------------------|
| 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) * Whether NET / GATE qualified (for research fellowship only) * | | | | |

* Attach self authenticated certificates wherever required.

Cont. 2

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|-----|---|--|
| 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.