CHITTARANJAN NATIONAL CANCER INSTITUTE 37 S P Mukherjee Road, Kolkata—700 026.

No: HA-413/15/**166**

Date: 25.08.2021

Chittaranjan National Cancer Institute, Kolkata invites applications from the eligible candidates in prescribed application format (copy enclosed) a period of 44 days as full time Medical Officers on Contract basis.

- Number of Positions :1) Four(4) Full time (for ITU (Anaesthesiology)
 - 2) One(1) Full time (for Medical Oncology)

Qualification & Experience:

- (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) For (1) 3 years experience (preferable in Critical Care).
 - For (2) 3 years experience(preferable in Medical Oncology/Paediatric Oncology)

Remuneration: Rs. 95,000 per month (Consolidated).

Age Limit: 55 years.

Duly completed applications along with bank draft for Rs. 100/- drawn in favour of Director, CNCI, Kolkata, self attested copies of relevant documents should be submitted at the time of Walk-In-Interview which will be held on 14.09.2021 at 12.30 p.m. in the office of the O.I.C(H). No separate communication will be made in this regard.

Officer-In-Charge(H)

Dr. Rup Kumar Saha OIC (Hospital) Chittaranjan National Cancer Institute 37, S P Mukherjee Road, Kolkata-700 026

Copy to:

- 1. PS for information to Director
- 2. All Concerned
- 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 Advt. No.	& the			
2.	Name of the Candidate (in BLOCK CAPITAL)				
3.	Father's / Husband's Name				
4.	Address for communication, in for telephone number, email, etc.	ull with			
5.	Date of Birth *		-		
6.	Whether belonging to SC/ST/OB	C *			
7.	Academic qualifications *				
SI. No.	Degree / Diploma	Year	University / Institute	Division / Grade	Chance (for medical personnel only)
		1.5			
8.	MCI Registration No. (for medical personnel only) * Whether NET / GATE qualified (for research fellowship only) *		**	'	

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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.