



CHITTARANJAN NATIONAL CANCER INSTITUTE  
2<sup>nd</sup> Campus

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

F.No : N/75/JR&SR/2021/

Dated : 25.01.2023

**Advt. No. N-216/2023**

Director CNCI, Kolkata, invites applications for filling up the following 1(One) tenure posts of **Senior Resident – Pathology** for a period of 44 days Basis for Hospital Unit of CNCI 2<sup>nd</sup> Campus.

**Senior Resident – PATHOLOGY (Post graduate in Pathology)**  
**Number of Positions: 1 (One)**

| Pay                            | Consolidated Salary as per norms.  |
|--------------------------------|--|
| <b>Essential Qualification</b> | 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. 1956. 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, 1956.<br><br>(ii) A Post Graduate degree in the respective discipline from recognised university and must produce MCI registration certificate for the same at the time of joining. |
| <b>Age limit</b>               | 37 years   |
| <b>Tenure</b>                  | <b>44 days.</b> Can be extended on less than 45 days basis subject to satisfactory performance work and conduct report from concerned HOD.   |

A duly completed applications in the prescribed format, **along with Bank Draft for Rs. 200/- drawn in favour of Director, CNCI, Kolkata, or Bank Transfer for Rs. 200/- in the given Bank Details : Account Number – 40382089655, Bank Name: State Bank of India, Branch Name: Sanjeeva Town(Code-16913), IFSC Code- SBIN0016913, MICR Code- 700002475 (IN CASE OF BANK TRANSFER, PROOF OF PAYMENT RECEIPT HAVE TO SUBMITTED AT THE TIME OF VERIFICATION BY THE CANDIDATES)** 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 **3<sup>rd</sup> February, 2023** from **12.30 P.M** onwards at 2<sup>nd</sup> 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. **The Reporting time will be at 11.30 A.M on the interview date.**

(Dr. Jayanta Chakrabarti)  
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)

(Application form for the tenure positions of Junior Resident / Senior Resident / Jr. Research Fellow/ Sr. Research Fellow/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) |
|         |  |      |                        |                  |                                     |
|         |  |      |                        |                  |                                     |
|         |  |      |                        |                  |                                     |
|         |  |      |                        |                  |                                     |
|         |  |      |                        |                  |                                     |
|         |  |      |                        |                  |                                     |
| 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 :

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.