

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

Advt. No. H/007/2024

Dated: 14th March 2024

Director, CNCI, Kolkata, invites applications for filling up the following post of **01(One)** Contractual Medical Officer in the Hospital unit of this Institute on a **44 days** basis for Hazra Campus on an URGENT basis.

Name of Post: Contractual Medical Officer (44 days basis):

<u>Department</u> No. of Post Medical Oncology 01

| Pay: | Rs.1,00,000/- Consolidated Salary per month. | | | | |
|----------------|---|--|--|--|--|
| Essential | (i)A recognised Medical Qualification included in the first or second schedule or par | | | | |
| Qualification: | 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 fulfill the conditions stipulated in sub-section (3) of sections (13) of the Indian | | | | |
| | Medical Council Act, 1956. | | | | |
| Age limit: | 40 years. (Relaxable as per Govt.of India Rules) | | | | |
| Tenure: | 44 days basis, can be extended subject to satisfactory performance and conduct report | | | | |
| | from Competent Authority. | | | | |
| Experience: | ience: Candidates having experience in respective department will be preferred. | | | | |

Duly completed applications along with a Demand Draft of Rs. 100/- 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. 100/- 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 **18**th **March 2024 from 11:00 AM** in the **O.I.C(H) Office** at CNCI 1st Campus (Hazra).

No separate communication will be made in this regard.

The decision of the Competent Authority will be final and binding.

Officer-In-Charge (Hospital)

CHITTARANJAN NATIONAL CANCER INSTITUTE

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



Application for the post of Cont. Medical Officer

| 1. | Name of the position applie | d 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) |
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| 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 | r required. | |
| | | | |
| I hereb | y declare that the information given abov | ve is true and complete to the best of my knowled | ge and belief. |
| | | | |
| Dated: | | (|) |
| 2 400 41 | | Signature of the Candidate | , |
| | | Signature of the Candidate | |
| | | | |
| List of | enclosures: | | |
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