

CHITTARANJAN NATIONAL CANCER INSTITUTE

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

Page 1

Dated : 30.05.2025

Advt. No. N-195/2022

Director CNCI, Kolkata, invites applications for filling up the following tenure post of Senior Resident for Hospital Unit of CNCI 2nd Campus.

Senior Resident: Number of Post : 01(One) : Category UR.**Senior Resident : 1(One) Post in Anesthesiology, Critical Care (Post Graduate in Anesthesiology)**

Pay	Salary as per norms.
Essential Qualification	<p>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, 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.</p> <p>(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.</p> <p>(iii) As per Order No: HF/O/MERT/869/HRW-24011(11)/2/2021 dt. 10th September, 2021 given by Special Secretary to the Government of West Bengal, Department of Health & Family Welfare, MERT Branch, Swasthya Bhavan, the Doctor Serving on Bond also eligible subject to NOC from Swasthya Bhavan.</p>
Age limit	37 years relaxable for SC and St candidates upto maximum 5 years, in case of OBC candidate relaxable upto maximum 3 years.
Tenure	1(One) year. Can be extended upto 3(Three) years 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 **7th July, 2022** from **12.30 P.M** onwards at 2nd 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 11.00 A.M on the interview date.**

Selection Procedure:

A. Selection will be purely based on performance in interview conducted by the selection board. The selected candidate will be informed through email and the list will be published on the CNCI website and no query or correspondence will be entertained in this regard.

B. Documents to be submitted (One sets of self-attested Photocopies clearly Legible) along with application & Originals to be produced for verification on the day of interview compulsorily:

- Application form complete in all respects (Entries and the documents required to be enclosed) with Photograph affixed on application to be submitted at the time of document verification. Please note applications incomplete in any respect will be a disqualification.
- Proof of Date of Birth - SSLC / 10th Standard Certificate or equivalent.
- Certificates of qualifications
- Experience Certificates
- AADHAR Card copy
- Two Passport size Photographs in addition to Application.

DIRECTOR



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

RECENT
PASSPORT
SIZE PHOTO

[Application form for the tenure positions of Senior Resident]

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

* Attach self authenticated certificates wherever required.

Cont. 2



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– 2 –

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.