



CHITTARANJAN NATIONAL CANCER INSTITUTE

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

1st Campus: 37, S.P. Mukherjee Road, Kolkata – 700026

2nd Campus: Street Number 299, Plot No. DJ-01, Premises: 02-0321, Action Area ID,
Newtown, Kolkata-700156

Advt. No. 371 /2023

Dated: 09th March 2023

Director, CNCI, Kolkata, invites applications for filling up the following post of **1(One) Full Time Dental Surgeon** in the Hospital unit of this Institute on a Contractual Basis.

Post: Dental Surgeon (Full Time)

No of Posts- 1(One)

Pay:	Rs. 1,02,838/- (Consolidated salary as per norms.)
Essential Qualification:	BDS from DCI recognized Institute with 3 years' experience in relevant field.
Age limit:	Not exceeding 40 years.
Tenure	01 Year. 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 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 **22nd March 2023** from **11:00 AM** in the **Conference Room** of CNCI 1st Campus (Hazra).

No separate communication will be made in this regard.

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

Director, CNCI

Copy to:

PS for information to Director

All concerned

Notice Boards



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Applications for the post of Dental Surgeon

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1.	Name of the position applied 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)
8.	DCI 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)				



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10.	Experience, if any (Kindly attach additional sheet if required)	
11.	Present Status Kindly attach additional sheet if required)	

*Attach self authenticated certificates wherever required

I hereby declare that the information given above is true and complete to the best of my knowledge and belief.

Dated:

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Signature of the Candidate

List of enclosures:

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