



CHITTARANJAN NATIONAL CANCER INSTITUTE

1st Campus – 37, S. P. Mukherjee Road, Kolkata - 700 026

2nd Campus - Street No.299, Plot No. DJ – 01, Premises No. 02-0321, Action Area ID, New Town,
Kolkata – 700160

Dated : 25.10.2023

Advt. No. N-454/2023

Director CNCI, Kolkata, invites applications for filling up the following **2(Two)** post of **Fellows / Stipendiary Clinical Associates in Oral Oncology** at CNCI for a period of **6(Six)** Months for Hospital Unit of CNCI 1st Campus.

Post : Fellows / Stipendiary Clinical Associates in Oral Oncology.

Number of Positions: 2 (Two)

Stipend	Stipend Rs. 50,000/- Per Month
Qualification	i) M.S/D.N.B. (ENT) OR Equivalent Postgraduate Degree Recognized by NMC OR ii) M.S/D.N.B. (General Surgery) OR Equivalent Postgraduate Degree Recognized by NMC OR iii) M.D.S. (Maxillofacial Surgery) OR Equivalent Postgraduate Degree Recognized by DCI
Age limit	45 years
Tenure	For the Period of 6(Six) Months, which may be extended as per requirement of the Institute.
Date of Walk-in- interview & Time	22nd November, 2023 from 11.00 A.M onwards
Fees & Bank Details	Rs. 200/- Bank Details : Account Number – 11126767907 SBI – BHOWANIPORE (Code-00040) IFSC Code- SBIN0000040 MICR Code- 700002016
Venue of Walk-in- interview	1st Campus of Chittaranjan National Cancer Institute, 37, S. P. Mukherjee Road, Kolkata - 700 026 (1st Floor Conference Room)

Director

Copy to : 1. PS for information
2. All Concerned.
3. Notice Boards.



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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 positions of *Fellows / Stipendiary Clinical Associates in Oral Oncology*]

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

* Attach self authenticated certificates wherever required.

Cont. 2



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08.	Experience, if any (kindly attach additional sheet, if required)	
09.	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.