



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

**Advt. No. H/003/2024**

No:A1.8/486A

**Dated: 25<sup>th</sup> January 2024**

Director, CNCI, Kolkata, invites applications for filling up the following post in the Hospital unit of this Institute for Hazra Campus on an URGENT BASIS.

**Name of Post: Contractual Medical Officer- ITU**

**No. of Posts: 01 (One)**

<b>Pay:</b>	Rs.1,00,000/- Consolidated Salary per month.
<b>Essential Qualification:</b>	(i)A recognised 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.
<b>Age limit:</b>	40 years. (Relaxable as per Govt. of India Rules)
<b>Tenure:</b>	<b>44 Days basis.</b> Can be extended subject to satisfactory performance and conduct report from Competent Authority.
<b>Experience:</b>	MBBS with minimum 02 Years' experience in Critical Care.

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 **31<sup>st</sup> January 2024 at 11:00 AM** in CNCI, Hazra Campus.

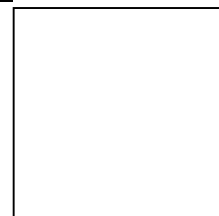
No separate communication will be made in this regard.

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

**Officer-In-Charge (Hospital)**



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**Application for the Post of - \_\_\_\_\_**

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.	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 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.