



## CHITTARANJAN NATIONAL CANCER INSTITUTE

1<sup>st</sup> Campus – 37, S. P. Mukherjee Road, Kolkata - 700 026

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

Dated : 23.03.2024

### Advt. No. N-257/2024

Director CNCI, Kolkata, invites applications for fill up the following Post on Contractual Basis for a period of 1 year for Hospital Unit of CNCI 2<sup>nd</sup> Campus.

#### Post- Specialist Grade-II / Assistant Professor in the Department of Radiodiagnosis. Number of Positions: 1 (One)

|                         |  |
|-------------------------|--|
| Remuneration            | Consolidated salary Rs. 1.50 lakh  |
| Essential Qualification | MCI Recognized MD/DNB/or equivalent PG degree in Radio-diagnosis with 3 years post PG experience in Radio-diagnosis and knowledge in reporting of X-Ray/USG/Mammography/CT/MRI and basic intervention.<br><b>Desirable:</b> Experience in a Comprehensive Cancer Centre/Regional Cancer Centre/Teaching Hospital or a Medical College/ Cancer wing in a Medical College. |
| Age limit               | Not Exceeding 50 Years.  |
| Tenure                  | For the period of 1(One) year, which may be extended as per requirement of the Institute.  |

#### Post : Part Time Consultant (For Ultrasonography) Number of Positions: 1(One)

|                                      |  |
|--------------------------------------|--|
| Remuneration                         | Case to Case Basis   |
| Essential Qualification & Experience | MBBS<br>Plus<br>Ultrasonography with CBET / MD Radiology / DNB Radiology / Diploma in Radiology(DRD)<br>With 2 year Experience in relevant field |
| Age limit                            | Not Exceeding 50 Years.  |
| Tenure                               | For the period of 1(One) year, which may be extended as per requirement of the Institute.  |

**Post – NUCLEAR MEDICINE TECHNOLOGIST****Number of Positions: 1 (One)**

|                         |   |
|-------------------------|---|
| Remuneration            | Consolidated Salary of Rs. 70,000/- per month   |
| Essential Qualification | <b>B.Sc in Nuclear Medicine / DMRIT/DFIT</b>  |
| Age limit               | 30 years  |
| Tenure                  | For the period of 1(One) year, which may be extended as per requirement of the Institute. |

**Post – NUCLEAR MEDICINE TECHNOLOGIST (High Dose Therapy)****Number of Positions: 1 (One)**

|                                      |  |
|--------------------------------------|--|
| Remuneration                         | Negotiable   |
| Essential Qualification & Experience | MSc /BSc in Nuclear Medicine with AERB certification and minimum 1 year experience in High dose Radionuclide Therapy ward. |
| Age limit                            | Not more than 40 years.  |
| Tenure                               | For the period of 1(One) year, which may be extended as per requirement of the Institute.                                  |

|                                  |  |
|----------------------------------|--|
| Date of Walk-in-interview & Time | <b>1<sup>st</sup> April, 2024, from 11.00 A.M onwards.</b><br>(The Reporting time will be at 10.00 A.M on the interview date)  |
| Fees & Bank Details              | Rs. 200/-<br>Bank Details : Account Number – 40382089655<br>SBI - Sanjeeva Town(Code-16913)<br>IFSC Code- SBIN0016913,<br>MICR Code- 700002475                                       |
| Venue of Walk-in-interview       | 2 <sup>nd</sup> Campus of <b>Chittaranjan National Cancer Institute</b> , Street No. 299, Plot No. DJ-01, Premises No 02-0321, Action Area-1D, New Town, Rajarhat, Kolkata – 700160. |

**Director**



# CHITTARANJAN NATIONAL CANCER INSTITUTE

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

(Application form for the positions of .....)

|         |   |      |                        |                  |                                     |
|---------|---|------|------------------------|------------------|-------------------------------------|
| 1.      | Name of the position applied for & the Advt. No.                      |      |                        |                  |                                     |
| 2.      | Name of the Candidate<br>(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.

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|     |   |  |
|-----|---|--|
| 9.  | List of publications, if any<br>(kindly attach additional sheet, if required) |  |
| 10. | Experience, if any<br>(kindly attach additional sheet, if required)           |  |
| 11. | Present status<br>(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.