

Dated: 14.05.2022

**Advt. No. N-194/2022**

Director CNCI, Kolkata invites application for filling up the following post through Walk-in-interview on contractual basis for the Hospital of the Institute.

**Specialist Grade-I : Medical Oncology : Number of Positions: 1 (One)**

Pay	Consolidated Salary Rs. 2,50,000/-
Essential Qualification	MCI Recognized DM/DNB or equivalent qualification in Medical Oncology with preferably 6 years experience after obtaining the above qualification.  OR  MD/DNB/Equivalent PG degree in Radiotherapy/General Medicine with preferably 9 years post PG experience in Medical Oncology.  [Desirable: 1. Experience in a Comprehensive Cancer Centre/Regional Cancer Centre/Teaching Hospital (either running DM/DNB/equivalent course in Medical Oncology) or a Cancer wing in a Medical College] <b>Desirable:</b> 2. Additional Training or Fellowship in the specialty/Research Publication in indexed journals/Conference presentations in International/national/State Conferences.
Age limit	50 years to 60 years

**Medical Officer [Hemato Oncology] : Number of Positions: 1 (One)**

Remuneration	Consolidated Salary Rs. 95000/-
Essential Qualification	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.  ii) Preferably 3 years experience in Hemato Oncology
Age limit	Upto 55 years.
Tenure	<b>44 days.</b> Can be extended on less than 45 days basis 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 **23<sup>rd</sup> May, 2022** from **12.30 P.M** onwards at 2<sup>nd</sup> Campus of **Chittaranjan National Cancer Institute**, Street No. 299, Plot No. DJ-01, Premises No 02-0321, Action Area-1D, New Town, Rajarhat, Kolkata – 700156. **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**



# CHITTARANJAN NATIONAL CANCER INSTITUTE

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

RECENT  
PASSPORT  
SIZE PHOTO

[Application form for the tenure positions of Specialist Grade-I & Medical Officer]

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.

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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.