



## 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 : 20.06.2024

### Advt. No. N-264/2024

Director CNCI, Kolkata, invites applications for filling up the following 1(One) post of **Nuclear Medicine Technologist** on Contractual Basis for a period of 1 year for Hospital Unit of CNCI 2<sup>nd</sup> Campus.

#### Post – NUCLEAR MEDICINE TECHNOLOGIST

Number of Positions: 1 (One)

<b>Remuneration</b>	Consolidated Salary of Rs. 70,000/- per month
<b>Essential Qualification</b>	<b>B.Sc in Nuclear Medicine / DMRIT/DFIT</b>
<b>Age limit</b>	30 years
<b>Tenure</b>	For the period of 1(One) year, which may be extended as per requirement of the Institute.
<b>Date of Walk-in-Interview &amp; Time</b>	<b>27<sup>th</sup> June, 2024, from 11.00 A.M onwards.</b> (The Reporting time will be at 10.00 A.M on the interview date)
<b>Fees &amp; Bank Details</b>	Rs. 200/- Bank Details : Account Number – 40382089655 SBI - Sanjeeva Town(Code-16913) IFSC Code- SBIN0016913, MICR Code- 700002475
<b>Venue of Walk-in-Interview</b>	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 tenure positions of Nuclear Medicine Technologist)

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.
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- 8.