CHITTARANJAN NATIONAL CANCER INSTITUTE



37. S. P. Mukherjee Road, Kolkata - 700 026

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

Advt. No. H /011/ 2024

Dated: 20th June 2024

Director, CNCI, Kolkata, invites applications for filling up the following posts of **Senior Residents** in the Hospital unit of this Institute on a **44 days** basis for Hazra Campus on an URGENT BASIS.

Senior Resident (44 days basis):

Department	No. of Post	
Medical Oncology	01	
Pathology	01	

Pay:	Rs. 67,700/- Basic Pay plus admissible allowances as per norms.			
Essential	(i)A recognised Medical Qualification included in the first or second schedule or part-II			
Qualification:	of the third schedule (other than licentiate qualification) of 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			
	Indian Medical Council Act, 1956.			
	ii) A post graduate degree in respective discipline from a recognised University and must produce MCI Registration Certificate for the same at the time of joining.			
Experience:	Candidates having experience in respective department will be preferred.			
Age limit:	37 years. (Relaxable as per Govt.of India Rules)			
Tenure:	44 days basis, extendable subject to satisfactory performance and conduct report from Competent Authority.			

Duly completed applications along with a Demand Draft of Rs. 200/- 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. 200/- 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 03rd July 2024 from 11:00 AM in the O.I.C(H) Office at CNCI 1st Campus (Hazra).

No separate communication will be made in this regard.

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

Officer-In-Charge (Hospital)

Copy to:

- 1) P.S for information to Director
- 2) File



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Application for the post of Senior Resident

1.	Name of the Position and Department applied for and Advt No.				
2.	Name of the Candidate				
	(In BLOCK letters)				
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 sh	eet, if any)			



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Application for the post of Senior Resident

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 belief.	y declare that the information given abov	e is true and complete to the bes	t of my knowledge and
Dated:		()
		Signature o	f the Candidate
List of e	enclosures:		
1.			
2.			
3.			
4.			
5.			
6.			
7			