



# **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 /012/ 2024**

**Dated: 04<sup>th</sup> July 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):**

<b><u>Department</u></b>	<b><u>No. of Post</u></b>
<b>Radiation Oncology</b>	<b>01</b>

<b>Pay:</b>	Rs. 1,32,660/- as per norms.
<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) 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 the 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.
<b>Experience:</b>	Candidates having experience in respective department will be preferred.
<b>Age limit:</b>	37 years. (Relaxable as per Govt.of India Rules)
<b>Tenure:</b>	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 **10<sup>th</sup> July 2024 from 11:00 AM** in the **O.I.C(H) Office** at CNCI 1<sup>st</sup> 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 sheet, if any)				



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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.