



CHITTARANJAN NATIONAL CANCER INSTITUTE  
2<sup>nd</sup> Campus

Street No. 299, Plot No. DJ-01, Premises No 02-0321, Action Area-1D, New Town,  
Rajarhat, Kolkata – 700160

Dated : 21.07.2023

**Advt. No. N-235/2023**

Director CNCI, Kolkata, invites applications for filling up the following 1(One) posts of **Part Time Radiologist on contractual (Case to Case basis)**, for a period of 1 year for Hospital Unit of CNCI 2<sup>nd</sup> Campus.

**Post - Part Time Radiologist on contractual (Case to Case basis) : Number of Positions: 1(One)**

Remuneration	Remuneration will be fixed as per experience and qualification at the time of Interview.
Essential Qualification	DNB Radiodiagnosis with 3 year Experience in relevant field.
Age limit	Not exceeding 50 years
Tenure	1(One) year. Can be extended subject to satisfactory performance work and conduct report from concerned HOD.
Date of Walk-in-interview & Time	<b>1<sup>st</sup> August, 2023, from 12.00 P.M onwards.</b>
Fees & Bank Details	Rs. 200/- Bank Details : Account Number – 40382089655 SBI - Sanjeeva Town(Code-16913) IFSC Code- SBIN0016913, 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**

- Copy to : 1. PS for information  
2. All Concerned.  
3. Notice Boards.



# CHITTARANJAN NATIONAL CANCER INSTITUTE

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

(Application form for the positions of Part Time Radiologist)

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.