



CHITTARANJAN NATIONAL CANCER INSTITUTE

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

Advt. No. H/008/2024

Dated: 04th April 2024

Director, CNCI, Kolkata, invites applications for filling up the following post of **01(One)** On-Call Consultant in the Hospital unit of this Institute purely on **Contractual Basis** for Hazra Campus.

Name of Post: On Call Consultant- Cardiologist

Number of Positions: 01 (One)

Remuneration	Case to Case Basis.
Essential Qualification	DM Cardiology Or MD Medicine with minimum 5 years' experience in Echo Cardiography.
Tenure	1(One) Year. Can be extended subject to satisfactory performance and conduct report from concerned HOD.

Duly completed applications along with a Demand Draft of Rs. 100/- 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. 100/- 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 **10th April 2024 from 11:00 AM** 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.

Director

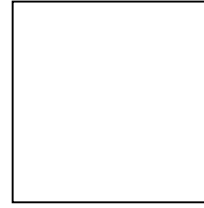
Copy to : 1. PS for information
2. All Concerned.
3. Notice Boards.



CHITTARANJAN NATIONAL CANCER INSTITUTE

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

Application for the post of On-Call Consultant - Cardiologist



1.	Name of the position applied for and the Advt No.				
2.	Name of the Candidate (In BLOCK CAPITAL)				
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)				

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.