



**CHITTARANJAN NATIONAL CANCER INSTITUTE**

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

**Advt. No. H/008/2024**

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

<b>Remuneration</b>	Case to Case Basis.
<b>Essential Qualification</b>	DM Cardiology <b>Or</b> MD Medicine with minimum 5 years' experience in Echo Cardiography.
<b>Tenure</b>	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 **10<sup>th</sup> April 2024 from 11:00 AM** 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.

**Director**

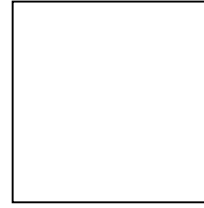
Copy to : 1. PS for information  
2. All Concerned.  
3. Notice Boards.



# 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.