



CHITTARANJAN NATIONAL CANCER INSTITUTE

1st Campus – 37, S. P. Mukherjee Road, Kolkata - 700 026

2nd Campus - Street No.299, Plot No. DJ – 01, Premises No. 02-0321, Action Area ID, New Town,
Kolkata – 700160

Dated : 06.03.2023

Advt. No. N-227/2023

Director CNCI, Kolkata, invites applications for filling up the following 1(One) post of **Nuclear Medicine Technologist** on **Contractual Basis** for a period of 1 year for Hospital Unit of CNCI 2nd Campus

Post : Nuclear Medicine Technologist.

Number of Positions: 1 (One)

Remuneration	Consolidated salary as per norms.
Qualification	B.Sc in Nuclear Medicine/ DMRIT/DFIT
Age limit	30 years
Tenure	For the Period of 1(One) year, which may be extended as per requirement of the Institute.
Date of Walk-in-interview & Time	18th March, 2023, from 12.30 P.M onwards
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 nd Campus of Chittaranjan National Cancer Institute , 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)

RECENT
PASSPORT
SIZE PHOTO

[Application form for the positions of **Nuclear Medicine Technologist**]

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

* Attach self authenticated certificates wherever required.

Cont. 2



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08.	Experience, if any (kindly attach additional sheet, if required)	
09.	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.