



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 : 02.05.2024

Advt. No. N-262/2024

Director CNCI, Kolkata, invites applications for fill up the post of **Interventional Radiologist** on **Locum Basis** [Contractual Basis (Part-Time- per case basis)] for CNCI 2nd Campus.

Name of Post : **Interventional Radiologist (Locum Basis)**
Number of Positions : **01 (One)**

Remuneration	Remuneration will be fixed as per experience and qualifications at the time of Interview
Essential Qualification/ Experience	Minimum 5 years Experience in Interventional & Vascular Radiology procedures.
Age limit	No 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	9th May, 2024, from 02.30 P.M onwards. (The Reporting time will be at 02.00 P.M on the interview date)
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)

(Application form for the positions of *Interventional 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.

Cont. 2

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.