E-mail: <a href="mailto:cncinstkol@gmail.com">cncinstkol@gmail.com</a> Website: <a href="mailto:www.cnci.ac.in">www.cnci.ac.in</a>



# चित्तरंजन राष्ट्रीय कैंसर संस्थान

### CHITTARANJAN NATIONAL CANCER INSTITUTE

(स्वास्थ्य और परिवार कल्याण मंत्रालय के तहत एक स्वायत्त संस्थान, भारत सरकार)

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

प्रथम कैंपस - 37, एस. पी. मुखर्जी रोड, कोलकाता - 700 026/1<sup>st</sup> Campus - 37, S. P. Mukherjee Road, Kolkata - 700 026 द्वितीय कैंपस - स्ट्रीट नंबर 299, प्लॉट नंबर डीजे - 01, परिसर नंबर 02-0321, एक्शन एरिया 1डी, न्यू टाउन, कोलकाता - 700160 2<sup>nd</sup> Campus - Street No.299, Plot No. DJ - 01, Premises No. 02-0321, Action Area 1D, New Town, Kolkata - 700160 Phone: 033-2324-5015, Email: encinstkol@gmail.com, Website: enci.ac.in

F. No. HFW-46040(11)/44/2023-CNCI SEC-Dept. of H&FW

दिनांक / Dated: 09/03/2023

### Advertisement No. N/004/2023

**Director, CNCI**, Kolkata invites applications through offline mode for filling up the following posts on regular basis for the Hospital Unit of this Institute

| Sl.<br>No. | Name of Post & Pay Level as per 7 <sup>th</sup> CPC | Number of post & Category | Age Limit              | Mode of<br>Recruitment |
|------------|---|---------------------------|------------------------|------------------------|
| 1.         | Deputy Medical<br>Superintendent<br>(Level-11)      | 1 (UR)                    | Not exceeding 40 years | Direct<br>Recruitment  |
| 2.         | Statistical Officer (Level-10)                      | 1 (UR)                    | Not exceeding 35 years | Direct<br>Recruitment  |

**DIRECTOR** 

## Advt. No.: N/004/2023

Dated: 09th March, 2023

**Director, CNCI, Kolkata** invites application from the citizens of India for recruitment to the following posts. The required educational qualification and experience are asunder:-

| Sl.<br>No. | Name of Post &<br>Pay Level as per<br>7 <sup>th</sup> CPC            | No. of Positions &Category | Age Limit              | Required Educational Qualification and Experience   |
|------------|--|----------------------------|------------------------|---|
| 1          | Deputy Medical<br>Superintendent<br>(₹ 67700 – 208700)<br>(Level 11) | 1 (UR)                     | Not exceeding 40 years | i) A recognized medical qualification included in I or II Schedule or Pan II of 3rd Scheduled ( other than the licentiate qualifications) to the Indian Medical Council Act 1956. Holders of educational Qualifications included in Part-II of the 34th Schedule should fulfill conditions stipulated in sub section (3) of the Section 13 of the Indian Medical Council Act 1956 |
|            |  |                            |                        | <ul> <li>ii) MD (Hospital Administration) MHA recognized by Medical Council of India.</li> <li>OR</li> <li>iii) MD/MS in any clinical Specialty with 3 years' experience in Hospital Administration of a 200 bedded hospital.</li> </ul>  |
| 2          | Statistical Officer  (₹56100 – 177500)  (Level-10)                   | 1 (UR)                     | Not exceeding 35 years | Essential:  (i) Post- Graduate degree in Statistics from recognized university / Institute  ii) Three years' experience in statistical / epidemiological or related work in a recognized hospital institution in collection compilation and evaluation of hospital related data after acquiring essential qualification (i)   |
|            |  |                            |                        | Desirable: PhD degree in Statistics or allied subject.  |

**DIRECTOR** 

## **General Instructions:-**

**COMPENSATION / PAY** – Besides Basic Pay, the posts carry Allowances and Incentives as admissible to CNCI.

#### i) APPLICATION FEE:

- For UR, EWS and OBC ₹ 1000/- (INR One Thousand) only.
- For SC and ST and Female ₹ 500/- (INR Five Hundred) only.
- However, PWD candidates are exempted from payment of Application Fees.

The payment of application fee will have to be done in online mode only to the given Bank details.

Name of the Beneficiary:

Chittaranjan National Cancer Institute

Account Number

40382089655,

Bank Name

State Bank of India,

Branch Name

Sanjeeva Town (Code-16913),

IFSC Code

SBIN0016913,

MICR Code

700002475

- ii) AGE RELAXATION: Age relaxation permissible as per instructions/orders issued by Government of India. Upper age limit shall be determined as on last date of receipt of application.
- iii) Candidates employed in Govt. Departments / PSUs / Autonomous Bodies will have to produce No Objection Certificate (NOC) at the time of Interview otherwise their candidature will notbe considered.
- iv) Category i.e. SC/ ST/ OBC/ PWD, once entered in the application form, cannot be changed under any circumstances and no benefit of other category will be admissible later on.
- V) This is to be noted that mere submission of application or receipt of Admit Card / Call Letter or appearance in examination/interview does not guarantee selection/ appointment in the respective post. The applicants will be short-listed on the basis of criteria fixed by the Institute, at the timeof scrutiny. Selection of candidates will be made strictly based on merit position, available vacancy, and verification of original documents / certificates. The decision of the Institute in this regard will be final and binding.

- wi) While applying for the above posts, the applicant must ensure that he / she fulfills the eligibility criteria including academic and professional qualifications as per the NOTIFICATION and other norms mentioned above as on the specified dates. In case it is detected at any stage of recruitment / selection that a candidate does not fulfill the eligibility norms and / or that he / she has furnished any incorrect / false / wrong information or has suppressed any material fact(s), his / her candidature will automatically stand cancelled. If any of the above shortcoming(s) is / are detected even after appointment, his / her service may be terminated.
- vii) No interim queries will be entertained. The Institute Authority reserves the right to reject any/all applications without assigning any reason whatsoever. However, the number of vacancies may vary.
- viii) CNCI reserves the right to cancel / restrict / enlarge / modify / alter the Recruitment Process, if needed, without issuing any further notice or assigning any reason therefor. The decision of the Institute in this regard will be final and binding.
- ix) Candidates are informed to check the website <u>www.cnci.ac.in</u> regularly for any updates.
- XI) Legal Jurisdiction will be Kolkata in case of any dispute.

The duly filled in application form in the prescribed format along with testimonials in support of Age Proof, Educational Qualification, Experience, Payment Receipt and other relevant documents should be submitted through Post / Drop Box and should reach within 14.04.2023 (5:00 PM)

The duly filled application completed in all respects should reach on the below mentioned address in a sealed envelope super scribing APPLICATION FOR THE POST OF should be sent to the below mentioned address.

The applications can also be dropped in the drop box kept at below mentioned address in the Office of the Director.

- 1. Chittaranjan National Cancer Institute, 37 S.P Mukherjee Road, Kolkata-700026 Or
- 2. Chittarnjan National Cancer Institute, Street No-299, DJ Block, Action Area-1D, Newtown, Kolkata-700160

Incomplete applications/applications not supported with relevant documents will summarily be rejected

### CHITTARANJAN NATIONAL CANCER INSTITUTE

(An Autonomous Institute under Ministry of Health and Family Welfare, Govt. of India)
Campus-I: 37, S.P Mukherjee Road, Kolkata-700026
Campus-II: Street No-299, DJ Block, Action Area-I D, Newtown, Kolkata-700160

(Application form for the Posts of Deputy Medical Superintendent/Statistical Officer)

\*\*please tick

Advt No- N/004/2023

| 1.         | Name of the position applied for  | r               | 210 2100 112020    |                       |
|------------|---|-----------------|--------------------|-----------------------|
| 2.         | Name of the<br>Candidate (in<br>BLOCK CAPITAL)                                    |                 |                    |                       |
| 3.         | Father's / Husband's Name   |                 |                    |                       |
| 4.         | Address for communication, in full withtelephone number, email, etc.              |                 | 996                |                       |
| 5.         | Permanent Address in full with telephone number, email etc.                       |                 |                    |                       |
| 6.         | Marital Status  | 1//             |                    |                       |
| 7.         | Date of Birth (Please attach DO)<br>Madhayamik Passing certificate/<br>having DoB |                 | 7                  |                       |
| 8.         | Gender (Male/Female/Others)   |                 |                    |                       |
| 9.         | Category (Please attached certification)  | ficate)         |                    |                       |
| 10.        | Academic qualifications * (Plea   | se attach       | certificates)      |                       |
| Sl.<br>No. | Degree / Diploma  | Year of passing | University / Insti | tute Division / Grade |
|            |   |                 |                    |                       |
| 11.        | MCI /WBMC Registration No (if applicable)   | 2 7             |                    |                       |

Please attach recent passport size photograph (not less than 3 months of

| 12. | List of publications, if any (kindly attach additional sheet, ifrequired)                              |  |
|-----|--|--|
| 13. | Experience (Please attach certificate)   |  |
| 14. | Present employment status  |  |
| 15. | Whether employed in Govt. Departments / PSUs / Autonomous Bodies (Yes/ NO)                             |  |
|     | If yes, NOC submitted from the current employer (Yes/No)   |  |
|     | *If No the NOC must be submitted at the time of Interview otherwise the candidature will be cancelled. |  |

\* 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.

| Place: |                              |
|--------|------------------------------|
| Dated: | (Signature of the Candidate) |