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: 29.08.2025

Advt. No. N-017/2025

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 of Rs. 70,000/- per month
Essential 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.
Mode of Application	Candidates are required to submit their application along with one complete set of scanned copies of supporting documents and certificates, as well as the receipt of the application fee, through Email.
Date of Submission of Application	**30-08-2025 to 15-09-2025**
Last Date for Submission of Application	**15-09-2025**
Date of Interview	The date of interview will be intimated later.
Application Fees & Bank Details	Rs. 200/- Bank Details : Account Number – 40382089655 SBI - Sanjeeva Town(Code-16913) IFSC Code- SBIN0016913, MICR Code- 700002475 The payment can also be made through the QR code **UPI ID : cnci4239@sbi**

CNCI, Kolkata

CHITTARANJAN NATIONAL CANCER INSTITUTE

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

(*Application form for the tenure 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	Chance (*for medical personnel only*)

* *Attach self-authenticated certificates wherever required*.

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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 :

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