



CHITTARANJAN NATIONAL CANCER INSTITUTE

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

Advt. No. H/009/2024

Dated: 12th April 2024

Director, CNCI, Kolkata, invites applications for filling up the following post of Counsellor in the Hospital unit of this Institute.

Name of Post: Counsellor
Department: Blood Centre
No. of post- 1 (One)

Pay:	Consolidated Pay of Rs. 20,000/- per month
Essential Qualification:	a) Post Graduate degree in Psychology/ Social Work/ Sociology from any Institute recognized by Central/ State Government. b) Working knowledge in Computers.
Experience:	01 Year experience in Blood Bank Counselling at any Licensed Blood Bank.
Age limit:	40 years.
Tenure	01 Year. Can be extended subject to satisfactory performance and conduct report from competent Authority.

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 **18th April 2024 from 11:00 AM** at CNCI 1st Campus (Hazra).

No separate communication will be made in this regard.
The decision of the Competent Authority will be final and binding.

Medical Superintendent

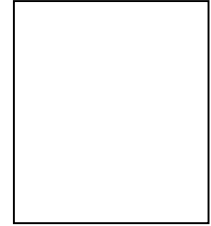
Copy to:

1. PS for information to Director
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 Counsellor- Blood Centre



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)
10.	Experience, if any (Kindly attach additional sheet if required)				
11.	Present Status Kindly attach additional sheet if required)				