

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 - 700 026/1st 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

2nd Campus - Street No.299, Plot No. DJ - 01, Premises No. 02-0321, Action Area 1D, New Town, Kolkata - 700160

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Advt. No. N-019/2026

Dated: 16th June 2026

Director, CNCI Kolkata, invites applications for filling up the following post of Audiometrist on per-case basis.

Name of Post: Audiometrist

No. of post: 01(One)

Essential Qualification:	Masters in Audiology and Speech-Language Pathology or, Bachelor of Audiology and Speech-Language Pathology or, Diploma in Hearing, Language and Speech (The courses must be duly recognized by Rehabilitation Council of India)
Tenure	01 Year, extendable subject to satisfactory performance, and conduct report from Competent Authority.
Remuneration	Per Case Basis. Will be decided at the time of Interview.
Date and Time of Interview	2nd July 2026, 11:00 AM onwards

Duly completed applications 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 the above mentioned date and time.

No separate communication will be made in this regard.

The decision of the Competent Authority will be final and binding.

DIRECTOR



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Application for the post of Audiometrist

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 and Email			
5.	Date of Birth*			
6.	Whether belonging to SC/ST/OBC*			
7.	Academic Qualification*			
Sl	Degree/Diploma	Year	University/Institute	Division/ Grade

10.	Experience, if any	
11.	Present Status	

*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.

Signature