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

Phone: 033-2324-5015, Email: cncinstkol@gmail.com, Website: cnci.ac.in

Advt. No. N-028 /2026

Dated: 25th August 2026

Director, CNCI Kolkata, invites applications for filling up the following post of Data Entry Operator for Can-Staging Project on per-case basis.

Name of Post: Data Entry Operator **No. of post: 01(One)**

Essential Qualification:	1) Bachelor's Degree from a recognized University/Institute. 2) Typing speed of 8000 Key depressions per hour on Computer
Tenure	01 Year, extendable subject to satisfactory performance, and conduct report from Competent Authority.
Remuneration	Rs. 12,000/-
Date and Time of Interview	02nd September 2026, 11:00 AM onwards

Eligible Candidates are required to attend Walk-In interview/Test to be held on 02nd September, 2026 at CNCI 2nd Campus, Street No-299, DJ Block, Action Area1D, Newtown, Kolkata-700160.,

Reporting Time: From 10:00 AM to 11:30 AM

(No candidates will be allowed to appear after the reporting time)

CNCI, Kolkata.

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Application for the post of Data Entry Operator-Can Staging Project

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