



राष्ट्रीय फैशन प्रौद्योगिकी संस्थान
(वेस्त्र मंत्रालय, भारत सरकार)

National Institute of Fashion Technology

Ministry of Textiles, Govt. of India

NIFT Campus, Block 5 & 6, Govt. Engineering College Campus,
Mota Falia, Varkund, Nani Daman, Daman - 396210

NIFT-Daman/Admin/Visiting Psychologist & Lady Doctor/2023/004

Date: 22-05-2023

Walk-in-Interview

Contractual Engagement of the Medical Doctor & Psychological Counsellor

National Institute of Fashion Technology (NIFT), Daman is conducting “Walk in Interview” for contractual engagement (hourly basis) on **30-05-2023** at the Block-6 NIFT Campus, Daman for the following posts:

1) Medical Doctor (Preferably Female) :

- a) **Qualification:** MBBS from Government recognized University, including completion of compulsory rotating internship.
- b) **Experience:** At least Three Years of proven professional experience including private practice.
- c) **Job Description:** To provide Medical consultations to NIFT Students & employees
- d) **Timing:** The Medical Doctor is expected to visit NIFT-Daman Campus twice a week (**Wednesday & Friday**) for minimum three hours per day (2:30 PM to 05:30 PM). In case of emergency, he/she may be contacted anytime as & when required.
- e) **Remuneration:** He/She will be paid consolidated remuneration of Rs 700/- per hour & conveyance charges shall be as per GOI Rates

2) Student/Psychological Counsellor (Preferably Female):

- a) **Qualification:** Master's Degree in Psychology/ Behavioural Psychology or relevant professional diploma from the Government recognised University. Doctoral degree holder is desirable.
- b) **Experience:** At least Three Years of proven Professional experience including private practice.
- c) **Job Description:** To counsel NIFT Students/ Staff having problems ranging from anxiety & depression arising from difficult study issues/ results/ home sickness/life issues to more serious mental health problems. Life issues could include bereavement, relationship difficulties or any such issues of adolescence, while mental health problems could include



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eating disorders, post-traumatic stress disorder (PTSD) or psychosis. The consultation should be kept confidential.

- d) **Timing:** The Counsellor is expected to visit NIFT Campus twice a week (**preferably Tuesday & Thursday**) for minimum three hours per day (2:30 PM to 05:30 PM). In case of emergency, he/she may be contacted anytime as & when required.
- e) **Remuneration:** He/ She will be paid consolidated remuneration of Rs 700/- per hour & conveyance charges shall be as per GOI Rates

General Terms & Conditions:

- 1) The Candidate shall ensure that they fulfil the eligibility (qualifications etc) requirements.
- 2) Institute reserves the right to terminate the process or reject any or all applications at any time or stage without assigning any reason thereof.
- 3) Decision of the Selection Committee will be final and binding on all the candidates.
- 4) Engagement may be terminated at any time by the Competent Authority
- 5) Any suppression or misrepresentation of a material fact(s) shall result in disqualification of the candidate.
- 6) The persons submitting application shall be deemed to have read and duly considered all terms and conditions of this Advertisement & must acknowledge that it intends to submit his/her application in accordance with the provisions of this document having accepted the terms & conditions as have been incorporated herein and /or that may be incorporated by the Institute through any Addendum(s).
- 7) All the legal disputes will be subjected to the jurisdiction of Daman
- 8) Format of application form is enclosed herewith. Applicants must report for Walk-in-Interview along with filled in form and necessary documents/ certificates in original and one set of photocopy.

Dated: 22-05-2023

**Assistant Admin
NIFT Daman**



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ANNEXURE

(To be filled by the concerned doctor)

FORM FOR APPOINTMENT OF AUTHORIZED MEDICAL DOCTOR FOR NIFT Daman

1.	Name in full (block letters only) (the name should be same as in her qualification degree)		Recent Photograph duly self-attested
2.	Father / Husband's Name		
3.	Date of Birth		
4.	Nationality		
5.	Medical Qualification <i>i.e.</i> MBBS / MD (Photocopy of the certificate/ mark-sheets should be annexed)		
6.	MCI registration number and place of registration (Photocopy of the certificate / mark-sheets should be annexed)		
7.	Details/copies of empanelment with other Government agencies, if any.		
8.	Name of Medical College and the University from where medical degree (Bachelor) obtained		
9.	Name of Medical College and the University from where medical degree (Master, if any) obtained		
10.	Specialization		
11.	Full Address of Clinic / Medical Centre and date of establishment		



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12.	Present Residential Address in full (including the name of Police Station)	
13.	Permanent Residential Address in full (including the name of Police Station)	
14.	Work experience, if any in Government Hospital	
15.	Work experience, total (in brief)	
16.	Have you ever been arrested, prosecuted or fined by a Court of Law? If yes, give full details	

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

Date:

Signature of the Authorized Doctor



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ANNEXURE

(To be filled by the concerned doctor)

FORM APPOINTMENT OF PSYCHOLOGICAL COUNSELLOR FOR NIFT Daman

1.	Name in full (block letters only) (the name should be same as in her qualification degree)		Recent Photograph duly self-attested
2.	Father / Husband's Name		
3.	Date of Birth		
4.	Nationality		
5.	Qualification i.e. Master Degree in Clinical Psychology / Behavioural Psychology (Photocopy of the certificate/ mark-sheets should be annexed)		
6.	Details/copies of empanelment with other Government agencies, if any.		
7.	Name of College / University from where Master Degree obtained		
8.	Specialization		
9.	Full Address of Clinic/Centre and date of establishment		
10.	Present Residential Address in full (including the name of Police Station)		



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13.	Work experience, total (in brief)	
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I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

Date:

Signature of the Authorized Doctor