



National Institute of Fashion Technology

(A Statutory body under the NIFT Act 2006 and setup by Ministry of Textiles, Govt. of India)

NIFT Campus, GH-0 Road, Gandhinagar 382007

EXPRESSION OF INTEREST FOR THE VISITING MEDICAL DOCTOR & STUDENT COUNSELLOR

Expression of interest is hereby invited from the **Registered Medical Doctor** (preferably Female) and **Student Counsellor (Female)** for NIFT Gandhinagar campus as per below mentioned details;

1. **Medical Doctor:** willing to work for at least 12 hours per week, i.e. Monday to Saturday, Time: Morning / Evening.

Qualification: MBBS, MD from Government recognized University, preferably physician, Gynecologist

Experience: Minimum five years (5 years) relevant experience

2. **Student Counsellor:** To be on campus to counsel individual student, conduct group sessions on need basis etc. on full time basis, i.e. Monday to Saturday from 11:00 AM to 07:00 PM.

Qualification: Master degree in Clinical Psychology / Behavioural Psychology or relevant professional diploma from the Government recognized University

Experience: Minimum five years (5 years) relevant experience.

Engagement terms:

A. Campus Doctor:

1. The engagement of Doctor will be purely on retainership basis.
2. The working hours may be decreased / increased considering the requirements & patients etc.

3. The visiting charge for Doctor & Counsellor will be based on the qualification and experience etc. which will be decided by the duly constituted committee.
4. NIFT Gandhinagar Campus is having Girl's Hostel of 200 capacity. Hence, Doctor will visit campus during public holidays (except Sunday).
5. In case of emergency, Doctor will be available to attend patient either on Campus OR at his/her place / clinic without extra fees.
6. Apart from examining patients, Doctor will also examine medical certificates / cases submitted by students for Attendance related issues and Employee's Claims under CGHS.
7. Medicines will be made available to Doctor based on the submission of requirements.
8. Interested Doctors & Student Counsellor may send their Resume at nift.gandhinagar@nift.ac.in along with supporting documents and Annexure latest by 25.01.2024.

18.01.2024

Joint Director (I/c)



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ANNEXURE-I

(To be filled by the concerned doctor)

FORM FOR APPOINTMENT OF **REGISTERED MEDICAL DOCTOR** FOR
NIFT GANDHINAGAR

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.e. 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		



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11.	Full Address of Clinic / Medical Centre and date of establishment	
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



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ANNEXURE -II

(To be filled by the concerned doctor)

FORM FOR APPOINTMENT OF **STUDENT COUNSELOR (FEMALE)** FOR
NIFT GANDHINAGAR

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

Date:

Signature