

राष्ट्रीय फैशन प्रौद्योगिकी संस्थान

(वस्त्र मंत्रालय, भारत सरकार)

National Institute of Fashion Technology

(Ministry of Textiles, Govt. of India)

NIFT-Daman/Admin/Visiting Psychologist& Lady Doctor/2023/005

Expression of interest (EOI) Contractual Engagement of the Medical Doctor & Psychological Counsellor

Date: 24/12/2024

National Institute of Fashion Technology (NIFT), Daman is floating Expression of interest (EOI) for contractual engagement (hourly basis) 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 5 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 1400/- 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 photocopies.

Dated: 24/12/2024 Administration Dept
NIFT-DAMAN

डिज़ाइन, मैनेजमेंट तथा टेक्नोलॉजी का महाविद्यालय A Premier Institute of Design, Management & Technology A Statutory body under the NIFT Act 2006

नेशनल इंस्टीट्यूट ऑफ फैशन टेक्नोलॉजी, ब्लॉक 5 और 6, गवर्नमेंट इंजीनियरिंग कॉलेज कैंपस, मोटा फलिया, वरकुंड, नानी दमन, दमन - 396210, भारत National Institute of Fashion Technology, Block 5 & 6,



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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)	
2	Father/Husband's Name	Recent Photograph duly Self-
3	Date of Birth (DD/MM/YYYY)	attested
4	Nationality	
5	Medical Qualification i.e., MBBS/MD (Photocopy of the certificate/ marksheet should be annexed)	
6	MCI registration number and place of registration. (Photocopy MCI registration card/certificate 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 University from where medical degree (master, if any) obtained	
10	Specialization	
11	Full Address of clinic/Medical Centre and date of establishment	
12	Present Residential Address in full (including the name of police station)	

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

Signature of the Authorized Doctor

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

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