



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 for NIFT campus Gandhinagar as per below mentioned details;

- 1. Medical Doctor:** willing to work for at least 12 hours per week, i.e. Monday to Saturday, Time: 10:00 AM to 12:00 Noon
Qualification: MD (Gynae/ Medicine) from Government recognized University
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

Interested Doctors & Student Counsellor may send their Resume at nift.gandhinagar@nift.ac.in along with supporting documents and Annexure latest by **18th July, 2023.**

Date: 27/06/2023


27-06-2023
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 of the Authorized Doctor
(With Stamp)



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ANNEXURE -II

(To be filled by the concerned doctor)

FORM FOR APPOINTMENT OF **STUDENT COUNSELOR** 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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Date:

Signature of the Authorized Doctor
(With Stamp)