राष्ट्रीय प्रौधोगिकी संस्थान गोवा NATIONAL INSTITUTE OF TECHNOLOGY GOA



Farmagudi, Ponda, Goa - 403 401, India

Website: http://www.nitgoa.ac.in
Phone : 0832-2404200
Fax : 0832-2404202

Advt. No: NIT Goa/Admin/2022/OW/131 Date: 08.04.2022

Advertisement for the Post of Medical Officer on Contract Basis

Sl. No.	No. of Posts	Required Qualifications	Consolidated Salary (all inclusive)
1	01	Essential: MBBS Degree or equivalent qualification included in any one of the Schedules to the Indian Medical Council Act, 1956 (102 of 1956) and must be registered in a State Medical/Indian Medical Register.	₹. 60,000/- per month
		Desirable : Post Graduate Qualification, preferably MD in General Medicine or equivalent qualification included in any one of the Schedules to the Indian Medical Council Act, 1956 (102 of 1956) and must be registered in a State Medical/Indian Medical Register.	

Terms and Conditions:

- 1. The appointment will be on contractual basis, initially for a period of 11 months. The contract may be renewed on mutually agreed terms and conditions. However, this cannot be claimed as a right for any benefit/future absorption.
- 2. Merely possessing the prescribed qualifications does not ensure that the candidate would be called for interview.
- 3. The candidate should have at least 1 year of working experience as a Medical Practitioner.
- 4. The **duration of working is 8 Hours/Day and 6 Days/Week**. However, the Medical Officer need to attend to any medical emergencies round the clock, if need arises.
- 5. He/she should undertake whatever other tasks that may arise in order to contribute to Institute's development.
- 6. He/she should follow the rules and regulations laid by the Institute/Medical Unit from time to time.
- 7. He/she should adhere to the ethics and etiquettes of medical practice and should maintain the dignity and decorum of the Institute.

How to Apply:

- 1. Interested candidates need to duly fill the required data in the attached application form format.
- 2. Duly filled application form has to be submitted in Softcopy along with the scanned copy of original documents mentioned in application form, published papers (if any), etc., for verification by an email (preferable Gmail) on or before 8th May 2022, 5:00 PM.
- 3. The duly filled application form should be sent to 'recruitment@nitgoa.ac.in'. The subject of the email should be in the format "Medical Officer <Candidate Name> April 2022"
- 4. Incomplete application forms shall not be considered for shortlisting and the criteria of shortlisting shall be as per the Institute requirements and norms.

- 5. Mere fulfilment of essential qualifications and specialization requirements does not entitle any candidate for a call to the interview. Short-listing criteria may be set higher than the advertised (if required).
- 6. The number of posts advertised is merely an indication of the existing vacancies. The Institute reserves all rights to fill/not fill or increase/decrease any number of post(s).
- 7. The interview shall be conducted in Online/Offline mode. Date and Time will be informed after the scrutiny of applications by email only.
- 8. The decision of the Institute related to all matters pertaining to the selection shall be final and binding on the applicants. No candidate will have any claim for issue of appointment letter, as a matter of right, even after recommendations by the Selection (Interview) Committee.
- 9. The Medical Officer must be ready to join immediately as per the terms and conditions of the appointment and Institute rules.
- 10. Any other rule, as applicable will be followed, although not mentioned above.

For any information, please contact:

Email: recruitment@nitgoa.ac.in

Address: The Registrar,

NIT Goa, Farmagudi, Ponda, Goa-403 401. Phone: 0832-2404200/205

NOTE: Intimation about the Shortlisted Candidates for Interview and the selected candidates will be informed via email only and they are expected to join immediately. Applicants are advised to mention their correct and active email ID in the application, as all correspondences will be through email only. Hence, regular checking of the email by the applicant is expected.

-sd-

Registrar



NATIONAL INSTITUTE OF TECHNOLOGY GOA

(Ministry of Education, Govt. of India)

Farmagudi, Ponda, Goa-403 401.

APPLICATION FORM FOR MEDICAL OFFICE Discipline: MEDICAL OFFICE 1. Name: (IN BLOCK LETTERS)	ICER	Affix a passportsize color photograph
2. Personal Details: a) Date of Birth:	d) Marital Status: e) Nationality: f) Category:	
3. (a) Contact Address:	(b) Permanent Address:	
4. Contact Details (with STD/ISD code): a. Phone (Office): b. Phone (Res): c. Mobile:	d. Fax: e. E-mail ID:	
5. Academic record starting with school leaving 6	exam:	

Degree	Specialization / Discipline	College/University/Institute	Year of Pass	Percentage/ CGPA	Class

(Please attach photocopies of transcripts/ mark sheets/ grade card and certificates for all your degrees):

S1. Name of the Organization where employed Designation Date of Joining Date of Leaving Duration Research Publication/Presentation details (Please Mention Top Five, as applicable): S1. Conference/ International/ Internation Status Published/Accep Named							
Organization Date of joining (dd/mm/yyyy) Scale of Pay in Rs Pay in Rs. Experience: SI. Name of the Organization where employed Designation Date of Joining Date of Leaving Duration Research Publication/Presentation details (Please Mention Top Five, as applicable): SI. Conference/ International/ Internation Status Published/Accep Named	Presei	nt employment:					
Date of joining (dd/mm/yyyy) Scale of Pay in Rs Pay in Rs. Experience: S1. Name of the Organization where employed Designation Date of Leaving Duration Research Publication/Presentation details (Please Mention Top Five, as applicable): S1. Conference/ International/ Internation Status Published/Accep Named							
Scale of Pay in Rs Pay in Rs. Experience: S1. Name of the Organization where employed Designation Date of Joining Leaving Duration Research Publication/Presentation details (Please Mention Top Five, as applicable): S1. Conference/ International/ Internation Status Published/Accep Named							
Pay in Rs. Experience: S1. Name of the Organization No. where employed Designation Date of Joining Date of Leaving Duration Research Publication/Presentation details (Please Mention Top Five, as applicable): S1. Conference/ International/ Internation Status Published/Accep Named			nm/yyyy)				
Experience: S1. Name of the Organization No. where employed Designation Date of Joining Leaving Duration Research Publication/Presentation details (Please Mention Top Five, as applicable): S1. Conference/ International/ Internation Status Published/Accep Named							
S1. Name of the Organization where employed Designation Date of Joining Date of Leaving Duration Research Publication/Presentation details (Please Mention Top Five, as applicable): S1. Conference/ International/ Internation Status Published/Accep Named	Pay	ın Rs.					
S1. Name of the Organization where employed Designation Date of Joining Date of Leaving Duration Research Publication/Presentation details (Please Mention Top Five, as applicable): S1. Conference/ International/ Internation Status Published/Accep Named	Exper	ience:					
Sl. Conference/ International/ Internation Status Published/Accep Name of the Na	Sl.	Name of the Org		Desig	gnation		Duration
Sl. Conference/ International/ Internation Status Published/Accep Name of the Na							
Sl. Conference/ International/ Internation Status Published/Accep Name of the Na							
Sl. Conference/ International/ Internation Status Published/Accep Name of the Na							
Sl. Conference/ International/ Internation Status Published/Accep Name of the Na							
Sl. Conference/ International/ Internation Status Published/Accep Name of the Na							
Sl. Conference/ International/ Internation Status Published/Accep Name of the Na							
Sl. Conference/ International/ Internation Status Published/Accep Name of the Na							
	Resear S1. No.	Conference/	Interna	tional/	Internation	Status Pu	p Nameof Journal

6. Areas of specialization:

1	l 1	. Information	of three	Referees
ı		. Information	or mree	Referees

Date:

Place:

(Names and contact details of referees who would be willing to write in support of your application):

		Referee 1	Referee 2	Referee 3	
	Name				
	Designation				
	Organization/ Institute				
	Address Line1				
	Address Line2				
	Address Line3				
	Telephone				
	E-mail ID				
2. <u>Doo</u>	cuments Attached:				
	that the entries in			tions and particulars supplied to ue to the best of my knowledge	

(Signature of Applicant)