



राष्ट्रीय प्रौद्योगिकी संस्थान दिल्ली  
**NATIONAL INSTITUTE OF TECHNOLOGY DELHI**

(शिक्षा मंत्रालय, भारत सरकार के अधीन एक स्वायत्त संस्थान)

(An autonomous Institute under the aegis of Ministry of Education (Shiksha Mantralaya), Govt. of India)

सेक्टर ए-७, इन्स्टिट्यूशनल एरिया, नरेला, दिल्ली-११००४०, भारत/ Sector A-7, Institutional Area Narela, Delhi-110040, INDIA

दूरभाष/Tele: +9111-27787500-503, फ़ैक्स/ Fax: +9111-27787503

वेबसाइट/Website: [www.nitdelhi.ac.in](http://www.nitdelhi.ac.in)

File no. NITD/01/Admn/106/2015

10<sup>th</sup> Nov, 2021

**ADVERTISEMENT NO. 11/2021**

**APPOINTMENT OF MEDICAL OFFICER (MEDICAL PRACTITIONER)  
ON PER VISIT BASIS AT NIT DELHI**

Services of Medical Practitioner – General Physician (Doctor) are required on per visit basis for the medical treatment/consultation of the Students and Employees of NIT Delhi at its transit campus i.e. Sector A-7, Institutional Area, Near Satyawadi Raja Harish Chandra Hospital, Narela, Delhi - 110040.

The applicant shall have at least 1 year experience (as medical practitioner) including the practice in any Government/Private Autonomous Educational Institute/Hospital on regular/part time/contract/hourly basis.

<b>QUALIFICATION</b>	MBBS Degree from a recognized University or Institution. Higher qualification/ training/ Internship shall be given preference.
<b>EMOLUMENTS</b>	Emoluments payable per visit is ₹2500/- and ₹500/- for conveyance.
<b>DURATION</b>	Duration of each visit will be 1hr 30mins (twice a week).

Interested applicant may send their Bio-Data/Curriculum Vitae in an attached format on this e-mail id [chmedical@nitdelhi.ac.in](mailto:chmedical@nitdelhi.ac.in). The last date of receiving online application(s) is **26<sup>th</sup> November 2021 (till 5 PM only)**.

Sd/-  
Registrar(I/c)  
NIT Delhi

Enclosure: - As stated above.

# APPLICATION FORMAT

## APPOINTMENT OF MEDICAL OFFICER (MEDICAL PRACTITIONER) ON PER VISIT BASIS AT NIT DELHI

### ADVERTISEMENT NO. 11/2021

**Name of Candidate** : \_\_\_\_\_  
**Address** : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Mobile** : \_\_\_\_\_

#### **Qualification (MBBS Onwards)**

<b>Qualification</b>	<b>Division</b>	<b>Year of Passing</b>

#### **Experience**

<b>Name of Organisation</b>	<b>Post</b>	<b>From</b>	<b>To</b>

**Additional Information (if any)** : \_\_\_\_\_  
\_\_\_\_\_

**Signature of Candidate**

**Note:** Suitable documents (self attested) in support of the Educational Qualifications and Experience (as per details provided above) to be submitted by the applicants online along with this application form.