NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR
(An Institute of National Importance)
G.E Road , Raipur,C.G

NITRR/S&P/EOI/3156 Dt: 20/03/2020

Expression of Interest for Consultant Doctors

INDEX

NATIONAL INSTITUTE OF TECHNOLOGY, RAIPUR
(An Institute of National Importance)
G.E. Road, Raipur – 492010 (CG)

No./NITRR/R-1/Advt/2020/3119 Raipur Dated 13/03/2020

Expression of Interest for Consultant Doctors

National Institute of Technology-Raipur invites expression of interest from experienced Consultant Doctors for extending the medical facilities to the faculty/staff /students of NIT-Raipur.

The EOI document may be downloaded from our Website: www.nitrr.ac.in. The duly filled in documents must be sent by speed post or submitted personally in sealed envelope to the Registrar, National Institute of Technology, Raipur,GE Road,Raipur,C.G-492010 latest by 22.04.2020 upto 15.00 hours.

Further information about the services, procedures for submitting the EOI etc. available in the institute's website www.nitrr.ac.in.

Registrar(I/c)
NIT-Raipur

NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR

(An Institute of National Importance)

G.E Road , Raipur,C.G

Introduction:

National Institute of Technology Raipur is an Institute of National Importance under The Ministry of Human Resource Development (MHRD), Government of India. The Institute was started as a College of Mining and Metallurgy and within a few years of its inception it was upgraded to Government College of Engineering & Technology, Raipur. In the year 2005, the college was accorded status of National Institute of Technology . The Institute is planning to provide OPD and health care services to the Students, Faculty & Staff in its Institute premises.

Terms & Condition:

- Expression of Interest (E.O.I) is invited from medical specialists for providing services at NIT Raipur.

Sl.No.	*Specialist :*	*Qualification*
1	Psychiatrist	MD/DNB/Diploma
2.	Paediatrics	MD/DNB/Diploma
3	Dermatologist	MD(Skin Specialist)
4.	Gynaecologist	MS/DGO

- Desirous Doctors having required qualifications may please send the Expression of Interest application by filling the respective Annexure-A as under:
- The E.O.I should be submitted in sealed envelopes and clearly superscribed as "EXPRESSION OF INTEREST (E.O.I) FOR EMPANELMENT OF DOCTORs" and addressed to the following so as to reach us by 1500 hrs of April 22, 2020.

  The Registrar,
  National Institute of Technology-Raipur
  GE Road, Raipur,C.G-492010

- The Individuals are advised to submit their application in the enclosed format. The applications will be scrutinized and eligible candidates may be called for personal interaction to decide for empanelment.
- The consultation fee per visit of two hours for visiting consultants is as below:-

Specialists having PG Diploma and/or Post Graduate Degree	Super-specialists having DM or MCH or such equivalent qualification	Dentist	Physiotherapist
Between Rs.2000/- to 3000/-	Between Rs.3000/- to 5000/-	Between Rs.1000/- to 2000/-	Between Rs.500/- to 1000/-

- Director NIT Raipur will have the sole authority to accept or reject any application, if he is satisfied with the cause to do so, without assigning any reason thereof.

Registrar(I/C)
NIT -Raipur

ANNEXURE "A"
(To be filled by the concerned doctor)

Specialization.....

1.	Name in full (block letters) (the name should be same as in his qualification degree)		Recent Photograph
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 Govt 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.	Full Address of Clinic / Medical Centre and date of establishment.		
11.	Present Residential Address in full		
12.	Permanent Residential Address in full		
13.	Work experience, if any in Government Hospital		

14.	Work experience, total (in brief)	

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

Date:
Place:

Signature of the applicant