राष्ट्रीय डिज़ाइन संस्थान
National Institute of Design
ఆంధ్ర ప్రదేశ్ • आंध्र प्रदेश • Andhra Pradesh

(An autonomous Institute of National Importance
Under DPIIT, Ministry of Commerce and, Govt. of India)

CONTRACT NOTIFICATION NO. 01/2026 Date: 24.08.2026

The National Institute of Design, Andhra Pradesh requires following medical personnel on contract basis who can contribute significantly to the healthcare services of the Institute.

Visiting Medical Consultant (preferably Female Doctor):

Visiting Days & Honorarium	Rs. 50,000 per month for 25 days on pro-rata basis.
Age	No Age Limit
Qualification	Post Graduation in General Medicine from a recognized institute having valid Medical Registration Number with minimum 1 Year experience.
Tenure of Contract	The services shall be hired on consultation basis initially for a period of one year and purely on temporary basis.
Visiting Hours	5.30 pm to 6.30 pm on 06 days in a week at NID AP Campus, Amaravati
Nature of Duties	To provide medical consultation, primary healthcare, first aid and emergency medical services to students, faculty, staff and other authorized persons of the Institute; attend to medical emergencies within the campus and hostels; diagnose and treat common illnesses and minor injuries; arrange/referral to hospitals and specialist services wherever necessary; maintain medical records and reports; advise the Institute on health, hygiene and preventive healthcare matters; coordinate health camps, medical examinations and awareness programmes; advise on first-aid and health-safety arrangements in hostels, workshops, laboratories and other Institute facilities; and perform such other medical duties as may be assigned by the Competent Authority.

How to apply: Interested and eligible candidates may submit the prescribed application available on the institute website with supporting documents to the mail id procurement@nid.ac.in. Further details, updates and modifications, if any, shall be available on our website www.nid.ac.in/careers only. Last date for submission of applications is 15 days from the date of publication of this notification in Newspapers (which shall be notified on website separately upon publication).

APPLICATION FORM FOR VISITING MEDICAL CONSULTANT
(TO BE FILLED IN CAPITAL LETTERS ONLY)

Advertisement No. CONTRACT NOTIFICATION NO. 01/2026

Affix recent passport size photograph here and sign across the photo

1. Name of the candidate: ……
2. Medical Registration No. ……
3. Year of Registration: ……
4. State Medical Council: ……
5. Father's name: ……
6. Date of Birth (DD/MM/YYYY): ……

a) Age: ……. years …… months …… days

6. Gender: …… 5. Nationality: ……
7. Religion: ……
8. Category: ……(General / EWS / OBC / SC / ST)
9. PwBD:…… (Yes / No)
10. Marital status: ……
11. Contact details:

a) PERMANENT ADDRESS	b) CORRESPONDENCE ADDRESS
……	……
……	……
……	……
……	……
……	……
PIN CODE: ……	PIN CODE: ……

c) Telephone No.: ……

d) Mobile No.: ……

e) Email ID: ……

12. Education qualification details:

Examination	University / Board	Date of Passing (DD/MM/YYYY)	Duration	Discipline /Branch	Percentage secured

13. Work Experience (Starting with Current Job)

Name of the Organization	From	To	Designation	Nature of the work	Last salary drawn

13. Documents Enclosed

☐ Self-attested copy of educational/medical qualification certificates
☐ Self-attested copy of valid medical registration certificate
☐ Experience certificates
☐ Proof of Date of Birth
☐ Identity proof
☐ Recent passport-size photograph
☐ Any other document relevant to the engagement

UNDERTAKING

I hereby solemnly affirm that whatever information, that has been given above is true and correct to the best of my knowledge and belief. I further state that if at any stage, it is discovered that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may summarily be rejected, or if employed, my employment be terminated.

I also understand that the engagement arising out of this notice is purely temporary in nature and contractual only.

Place: Signature of the Applicant

Date: