UT Administration of Dadra & Nagar Haveli and Daman & Diu Office of the Chief Medical Officer, Daman Directorate of Medical & Health Services,

Community Health Centre Campus, Moti Daman - 396 220.

No.1/1-5/(Apptt.STC/2020/DMHS(Part-VI)/591

-VI)/ 5 9 1 Dated : 09 /05/2023

ADVERTISEMENT

The Directorate of Medical & Health Services, DNH & DD, Daman invites application from eligible candidate for below mentioned posts to be filed on Short Term Contract basis under Department of Health and Family Welfare, Daman. The last date

for submission of application is 27/05/2023.

| Name of Post | | Age | Qualification | Consolidated Salary | |
|-----------------------------|-------|------------------------------|--|--|--|
| Anaesthetist Radiologist | 02 01 | Not Exceeding 45 years | Essential: MBBS with PG Degree or Diploma in respective subject with 3 years experience in case of PG Degree or 5 years in case of PG Diploma. The candidate having less experience may also attend the interview. | Salary as per experience: For Degree holder: Fresh Rs.1,25,000/- pm Experience more than 5 years Rs.1,75,000/- pm For Diploma holder: Fresh Rs.90,000/- pm Experience more than 5 years Rs.1.25.000/- pm | |
| Medical Officer | 01 | Not Exceeding 35 Years | Essential: MBBS from recognized University, completion of compulsory rotatory internship with registration | For MBBS: Fresh Rs.70,000/- pm Experience more than 4 years-8 years Rs.76,000/- Experience | |

Eligible and desirous candidate may forward their application in prescribed format (available for website ddd.gov.in to the Chief Medical Officer, office of the Chief Medical Officer, Community Health Centre Campus, Fort Area, Moti Daman – 396 220 with one set of self attested photocopy of education qualification, registration certificate and experience certificate etc.

Person who has been previously terminated from any Government Organization shall not be considered All eligible qualification Masters / Degree must be from a recognized University / College by Government of India.

Note:

1. Candidates holding domicile Certificate of DNH and DD will be given preference.

2. No TA/DA will be paid to the candidates for attending the interview.

Age relaxation shall be considered for qualified and experienced candidate.

4. The actual number of vacancies may vary as per requirements.

5. Only those candidates who are eligible will be called for interview.

Contact No.: 0260-2230470

Director, Medical & Health Services, DNH & DD reserves the right to cancel the selection process without assigning any reason.

(Dr. Shailesh Arlekar) Chief Medical Officer, Daman

UT Administration of Dadra & Nagar Haveli and Daman & Diu Office of the Chief Medical Officer, Directorate of Medical & Health Services, Community Health Centre Campus, Moti Daman – 396 220.

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Latest

APPLICATION FORM

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| 1. | Name of post applied for | | | |
|-----|--|-----------------------------|--|--|
| 2. | Name of candidate (in block letters) | | | |
| 3. | Father's / Husband Name | | | |
| 4. | Full Address | | | |
| 5. | Mobile No. | | | |
| | Phone No. | | | |
| 6. | Email address | | | |
| 7. | Date of Birth (attested copy of valid proof should be enclosed) | | | |
| | Age (as on 27/05/2023) | Years Months Days | | |
| 8. | Category (attested copy of valid proof should be enclosed) | SC / ST / OBC / Others | | |
| 9. | Domicile (attested copy of Domicile Certificate issued by Mamlatdar, Daman / Diu / DNH should be enclosed) | Daman / Diu / DNH / Other | | |
| 10. | Language known | | | |
| 11. | Marital status | | | |
| | Educational qualification : | Descriptions | | |
| 0 | Mama of Roard | Stream / Year of Percentage | | |

| Qualification | Name of college /school | Board / University | Stream / Specialization | Year of passing | Percentage |
|----------------------------|-------------------------|-----------------------|----------------------------|-----------------|------------|
| S.S.C. | | | | | |
| H.S.C. | | | | | |
| MBBS | | | | | |
| Diploma in | | | | | |
| Degree in | | | | | |
| Any other (please specify) | | | | | |

13. Work experience

| Sr. No. | Designation | Name of organization | 2100000 | Nature of | | |
|------------|-------------|----------------------|---------|-----------|------------------|---------------------------------------|
| | | | From | То | Total experience | duties |
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^{14.} Details of registration with Medical Council / any other council (Please attached photocopy of relevant document):

15. Any other relevant information:

Declaration:

I, declare that I fulfill all the conditions of eligibility regarding age limit, educational qualification.

I hereby declare that all the statements made by me in the application form and information sheet are true and complete to the best of my knowledge and belief. I also understand that in case, any of my statements is found untrue during any stage of recruitment and thereafter, I shall be disqualified for the post applied for and I shall be liable for any penal action.

Place:

Signature of Candidate

Note:

Unsigned application will be rejected.

 Attested copies of relevant certificate / documents should be attached with application form.