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

No.DMHS/DDD/GH-DMN/Appointment on STC-Dr.(Part File)/2023/195 Dated /11/2023.

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 15/11/2023.

Name of Post	No. of Vacancy	Age	Qualification	Consolidated Salary
Anesthetist	01	Not Exceeding	Essential: MBBS with PG	Salary as per experience:
Pediatrician	01	45 years	Degree or Diploma in	For Degree holder:
			respective subject with 3	Fresh Rs.1,25,000/- pm
			years experience in case	Experience more than 5
			of PG Degree or 5 years in	years Rs.1,75,000/- pm
			case of PG Diploma.	For Diploma holder:
			The candidate having less	Fresh Rs.90,000/- pm
			experience may also	Experience more than 5
			attend the interview.	years Rs.1.25.000/- pm

Eligible and desirous candidates may forward their application in prescribed format (available for website <u>ddd.gov.in</u>) to The Directorate of Medical and Health Services, 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 Organisation 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.
- 3. 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.

(Sr. 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 <u>– 396 220.</u>

Affix Latest

APPLICATION FORM

photograph

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)	
100	Age (as on 08/07/2023)	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	

Qualification	Name of college /school	Board / University	Stream / Specialization	Year of passing	Percentage
S.S.C.				hall straig	
H.S.C.					
MBBS			i ma		
Diploma in					n allen in
Degree in		.ă			
Any other (please specify)					

13. Work experience

Sr. No.	Designation	Name of organization	Period			Nature of
INO.			From	То	Total experience	duties
				S. Same		
						·

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 false 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.

Date :

Place:

Signature of Candidate

Note :

- Unsigned application will be rejected.
- Attested copies of relevant certificate / documents should be attached with application form.

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