

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

No. CMO-GH/DMN/Advert.Gr.B&C/2023-24/ 483

Dated: 6 / 3 / 2024.

**ADVERTISEMENT**

The Directorate of Medical & Health Services invites application from eligible candidate to 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 21/03/2024.

Name of Post	No. of Vacancy	Age	Qualification	Consolidated Salary
Staff Nurse	03	Not Exceeding 30 years (Relax able for Govt. Servant up to 5 years) with the order and instruction issued by the Central Government. Note:- The crucial date for receipt of application from candidate in India ( and not the closing date prescribed for those Assam, Meghalaya, Arunachal Pradesh, Mizoram, Manipur, Nagaland, Tripura, Sikkim, Ladakh , Division J & K States, Lahaul & Spiti District and Pangi Sub Division of Chamba district o Himachal Pradesh Andaman & Nicobar Islands or Laksha Dweep.	<b>Essential:</b> (1) Higher Secondary or equivalent (2) General Nursing & Midwifery (3) Should be registered with the Nursing Council	<b>Consolidated payment on STC Rs. 29,000/-per month</b>
Lab. Technician	02	Not Exceeding 30 years (Relax able for Govt. Servant up to 5 years)	<b>Essential:</b> (1) H.S.S.C. Passed with Science Subject (2) Successful completion of diploma in Medical Lab. Technician course from a recognized institutions. Desirable :- Knowledge of Local language.	<b>Consolidated payment on STC Rs. 17000/- per month</b>



Eligible and desirous candidates may forward their application in prescribed format (available for website [www.ddd.gov.in](http://www.ddd.gov.in) ) 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 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.
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

The Director, Medical & Health Services 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.**

**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 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	

**12. Educational qualification :**

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	Period			Nature of duties
			From	To	Total experience	

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.