

संघ प्रदेश दादरा और नगर हवेली एवं दमण और दीव प्रशासन / U.T. Administration of DNH & Daman and Diu  
चिकित्सा एवं स्वास्थ्य सेवा निदेशालय / Directorate of Medical & Health Services,  
उप निदेशक एवं मुख्य चिकित्सा अधिकारी एवं चिकित्सा अधीक्षक का कार्यालय /  
Office of the Dy. Director and Chief Medical Officer and Office of the Medical Superintendent,  
सामुदायिक स्वास्थ्य केंद्र परिसर / Community Health Centre Campus,  
मोटी दमण / Moti Daman – 396220

No.DMHS/DMN/Adv.-Clinical Psychologist/2024-25/ 4493

Dated : 21/12/2024.

## 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 11/01/2025.

Name of Post	No. of Vacancy	Age	Qualification	Consolidated
Clinical Psychologist	01	Not Exceeding 45 years	(I) First or Second Class Master's Degree in Applied Psychology. Essential : 2 years teaching & research experience as Psychiatric Social Worker / Clinical Psychologist / Nursing Tutor in a Mental Hospital or Child Guidance Clinic or Psychiatric Department of a General Hospital / recognized teaching institutions. Desirable : (1) Research / Published work in indexed journals. (2) Working knowledge on local / regional language. Essential Experience may be relaxed at the discretion of the appointing authority, if a person is found otherwise suitable.	Consolidated payment on STC basis Rs.23,000/- per month

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 Office of the Deputy Director / Chief Medical Officer (MHS) / Medical Superintendent, Government Hospital, Community Health Centre Campus, Fort Area, Moti Daman – 396 220 with one set of self attested photocopy of education qualification 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 of 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, DNH & DD, reserves the right to cancel the selection process without assigning any reason.

*TMDHS*  
21-12-24  
I/c. Chief Medical Officer  
Medical and Health Services  
Daman

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 चिकित्सा एवं स्वास्थ्य सेवा निदेशालय / Directorate of Medical & Health Services,  
 उप निदेशक और मुख्य चिकित्सा अधिकारी एवं चिकित्सा अधीक्षक का कार्यालय  
 Office of the Dy. Director & Chief Medical Officer and Medical Superintendent,  
 सामुदायिक स्वास्थ्य केंद्र परिसर / Community Health Centre Campus,  
 मोटी दमण / Moti Daman – 396220

## APPLICATION FORM

Affix  
 Latest  
 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)	
	Age (as on 11/01/2025)	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.					
Bachelor's Degree					
Master's Degree					
Ph.D.					
Any other (please specify)					

13. Work experience :

Sr. No.	Designation	Name of Organization	Period			Nature of duties
			From	To	Total experience	

14. Details of resignation 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.