



संघ प्रदेश दादरा नगर हवेली एवं दमण एवं दीव प्रशासन  
U. T. Administration of Dadra Nagar Haveli and Daman & Diu,  
सदस्य सचिव (शासी निकाय) / O/o. The Member Secretary (Governing Body),  
रोगी कल्याण समिति / Rogi Kalyan Samiti,  
सरकारी अस्पताल, मरवड, दमण / Government Hospital, Marwad, Daman.  
PH.NO.0260-2254266  
E-MAIL ID: ghddmn@gmail.com

No. GHD/DNH&DD/RKS/Advertisement/2024-25/1342

Dated: 13.01.2025

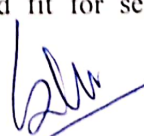
**ADVERTISEMENT**

The Rogi Kalyan Samiti, Government Hospital, Daman invites applications from eligible candidates for below mentioned posts to be filled on Short Term Contract Basis / Visiting Basis under Rogi Kalyan Samiti, Government Hospital, Daman. The application should reach the undersigned on or before 28.01.2025 by 05:00 PM.

Name of Post	No. of post	Age	Qualification	Consolidated Salary
Radiographer / X-Ray Technician	03	Not Exceeding 30 years (Relaxable for Govt. Servant up to 5 years) with the order and instruction issued by the Central Government.	<b>Essential:</b> (1) H.S.S.C Passed with science subject. (2) Successful completion of course of X-Ray Technician / Radiographer from a recognized institution. (3) Experience of one year as X-Ray Technician / Radiographer. <b>Desirable:</b> Knowledge of Local language.	Consolidated payment on STC Rs. 17,000/-per month
Lab. Technician	02	Not Exceeding 30 years (Relaxable 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. <b>Desirable :</b> Knowledge of Local language.	Consolidated payment on STC Rs. 17000/-per month

**Note:-**

1. The application will be scrutinized by Department Selection Committee.
2. Candidates holding Domicile Certificate of Daman & Diu will be given preference.
3. Only restricted number of candidates who are eligible will be called for interview.
4. No TA/DA will be paid to the candidates for attending the interview.
5. Application will be summarily rejected if found deviant from prescribed format and required criteria without assigning any reason.
6. Member Secretary, Rogi Kalyan Samiti, Government Hospital, Daman reserves the right to terminate the selection process without assigning a reason.
7. Selection committee reserve right to relax the criteria if otherwise found fit for selection of candidates.

  
(Dr. Shailesh Arlekar)  
Member Secretary (GB),  
Rogi Kalyan Samiti,  
Government Hospital, Daman.



संघ प्रदेश दादरा नगर हवेली एवं दमण एवं दीव प्रशासन  
U. T. Administration of Dadra Nagar Haveli and Daman & Diu,  
सदस्य सचिव (शासी निकाय) / O/o. The Member Secretary (Governing Body),  
रोगी कल्याण समिति / Rogi Kalyan Samiti,  
सरकारी अस्पताल, मरवड, दमण / Government Hospital, Marwad, Daman.  
PH.NO.0260-2254266, E-MAIL ID: ghddmu@gmail.com

Affix  
Latest  
photograph

**APPLICATION FORM**

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 28/01/2025)	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.					
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 fulfil 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.

**Date :**

**Place:**

**Signature of Candidate**

**Note :**

- Unsigned application will be rejected.
- Attested copies of relevant certificate / documents should be attached with application form.
- Please tick "x" on information which is not applicable for the post.