संघ प्रदेश दादरा नगर हवेली एवं दमण एवं दीव प्रशासन U. T. Administration of Dadra Nagar Haveli and Daman & Diu, मुख्य चिकित्सा अधिकारी का कार्यालय / O/o. The Chief Medical Officer, सामुदायिक स्वास्थ्य केंद्र परिसर /Community Health Centre Campus, किला क्षेत्र, मोती दमण / Fort Area, Moti Daman.

PH.NO.0260-2254266

EMAIL ID: ghddmn@gmail.com

No. GHD/DNH & DD/Adv. Post of Specialist on STC/2025-26/639

Dated: 04/09/2025.

ADVERTISEMENT (IInd Time)

The Deputy Director (MHS), Chief Medical Officer & Medical Superintendent, Govt. Hospital Daman invites application from eligible candidate to below mentioned posts to be Med on Short term contract Basis under the Department of Health and Family Welfare, Daman. The last date for submission of application is 18/09/2025.

Name of Post	No. of Vacancy	Age	Qualification	Consolidated Salary
General Surgeon	01	Not exceeding 45 years	Essential: MBBS with PG degree or Diploma / MD/ MS with experience.	Salary as per experience: For Degree: Fresh Rs.1,25,000/-pm Experience more than 5 years Rs.1,50,000/-pm For Diploma: Fresh Rs.90,000/-pm Experience more than 5 years Rs.1,25,000/-per month

Candidate with less experience may also apply.

Eligible and desirous candidates may forward their application in prescribed format (available for website www.ddd@gov.in) to The Directorate of Medical and Health Services, Office of the Deputy Director / 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

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.: 0260-9909943025 / 7574829801.

The Deputy Director (MHS), Chief Medical Officer & Medical Superintendent, Govt. Hospital Daman have reserved the right to cancel the selection process without assigning any reason.

> (Dr. Manoj Singh) Deputy Director / Chief Medical Officer / Medical Superintendent, Daman.

संघ प्रदेश दादरा नगर हवेली एवं दमण एवं दीव प्रशासन U. T. Administration of Dadra Nagar Haveli and Daman & Diu, मुख्य चिकित्सा अधिकारी का कार्यालय / O/o. The Chief Medical Officer, सामुदायिक स्वास्थ्य केंद्र परिसर /Community Health Centre Campus, किला क्षेत्र, मोती दमण / Fort Area, Moti Daman.

PH.NO.0260-2254266 EMAIL ID: ghddmn@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.	31
	Phone No.	
6.	Email address	
7.	Date of Birth (attested copy of valid proof should be enclosed)	
	Age (as on 17.06.2024)	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.					5 - p
H.S.C.					
MBBS		г.			
Diploma in					
Degree in					
Any other (please specify)					

13. Work experience:

Sr. No.	Designation	Name of organization		Nature of		
			From	То	Total experience	duties
	-					
	1.			2		
					e)	,

- 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.

D	a	t	e	:

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.