UT Administration of Dadra & Nagar Haveli and Daman & Diu
Directorate of Medical and Health Services
Office of the Deputy Director / Chief Medical Officer / Medical Superintendent
Government Hospital / CHC Campus, Moti Daman – 396 220.

No. DMHS/DDD/GH-DMN/Appointment on STC-Dr.(Part File)/FTS-159492/2025-26/3328 **Dated: 12/11/2025.**

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 the Department of Health and Family Welfare, Daman. The last date for submission of application is 27/11/2025.

Name of Post	No. of Vacancy	Age	Qualification	Proposed Monthly Remuneration
Anaesthetist	01	Not Exceeding 45 years	**Essential**: MBBS with PG Degree or Diploma.	**Salary as per experience**: **For Degree**: Fresh Rs.1,25,000/- pm Experience more than 5 years Rs.1,75,000/- pm **For Diploma**: Fresh Rs.90,000/- pm Experience more than 5 years Rs.1.25.000/- pm

Rogi Kalyan Samiti, Government Hospital, Daman will give additional incentive of Rs.50,000/- per month to **Anaesthetist** as per below table vide order No. GHD/DNH&DD/RKS/Incentive /ORDER/2023-24/814 dated 10/09/2024.

Description	Anaesthetist (Fresh Appointment)		Anaesthetist (with 5 years experience)	
	Degree	Diploma	Degree	Diploma
Basis	1,25,000/-	90,000/-	1,50,000/-	1,25,000/-
Incentive	50,000/-	50,000/-	50,000/-	50,000/-
Gross Salary	1,75,000/-	1,40,000/-	2,00,000/-	1,75,000/-

Description	Gyneacologist (Fresh Appointment)		Gyneacologist (with 5 years experience)	
	Degree	Diploma	Degree	Diploma
Basis	1,25,000/-	90,000/-	1,50,000/-	1,25,000/-
Incentive	25,000/-	25,000	25,000/-	25,000/-
Gross Salary	**1,50,000**	**1,15,000/-**	**1,75,000/-**	**1,50,000/-**

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 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. : 0260-9909943025 / 7574829801.

Director, Medical & Health Services reserves the right to cancel the selection process without assigning any reason.

(Dr. Manoj Singh)
Deputy Director (MHS)/
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.**	
	Phone No.	
6.	**Email address**	
7.	**Date of Birth** (attested copy of valid proof should be enclosed)	
	Age (as on 27.11.2025)	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.