



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. CMO/DNH&DD/VACANT POST-STC/FTS-210528/2025-26/583 Dated: 19/02/2026.

ADVERTISEMENT

The Office of the Dy. Director (MHS)/Chief Medical Officer, Daman / Medical Superintendent, Government Hospital Daman 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 **06/03/2026**.

Name of Post	No. of Vacancy	Age	Qualification	Consolidated Salary
Staff Nurse	04	Upto 35 years and not Exceeding 40 years (Relaxable for Govt. Servant upto 5 years)	Essential: (i) Higher Secondary or equivalent. (ii) General Nursing & Midwifery / BSc Nursing (iii) Should be registered with the Nursing Council. Desirable: 1. Knowledge of Local language. 2. Candidates with suitable experience may preferred	Consolidated Payment on STC: Rs.29,000/-pm
Laboratory Technician	02	Not Exceeding 30 years (Relaxable for Govt. Servant upto 05 years)	Essential: (i) H.S.S.C. passed with Science Subject. (ii) Successful completion of Diploma in Medical Lab Technical course from a recognized institution. Desirable: 1. Knowledge of Local language. 2. Candidates with suitable experience may preferred	Consolidated Payment on STC: Rs.17,000/-pm

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:

- Candidates holding domicile Certificate of DNH and DD will be given preference.
 - No TA/DA will be paid to the candidates for attending the interview.
 - Age relaxation shall be considered for qualified and experienced candidate.
 - The actual number of vacancies may vary as per requirements.
 - 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.



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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 06.03.2026)	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.