संघप्रदेशदादरानगरहवेलीएवंदमणएवंदीवप्रशासन

U. T. Administration of Dadra Nagar Haveli and Daman & Diu,

मुख्यचिकित्साअधिकारीकाकार्यालय, दमण /O/o. The Chief Medical Officer, Daman

नमोअस्पतालदमण/ NAMO Hospital Daman

PH.NO.0260-2254266 / EMAIL ID: cmodaman1@gmail.com

No. NAMO/DMN/Adv./Specialist doctors/2026-27/241 Dated:- 14 .08.2026

ADVERTISEMENT

The Office of the Chief Medical Officer, Daman invites application from eligible candidate to below mentioned posts to be filed on Short Term Contract basis in NAMO Hospital Daman, Marwad, Devka Road, Nani Daman under the Department of Health and Family Welfare of Daman District. The last date for submission of application is 28/08/2026.

Name of Post	No. of Vacancy	Qualification	Proposed Monthly Remuneration
Anaesthetist	03	**Essential:** 1. MBBS with PG Degree or Diploma in respective subject MS/MD/DNB from an institute recognized by NMC/MCI as per prevailing norms. 2. Candidates should be registered with National Medical Council (NMC) OR State Medical Council (SMC). **Desirable:** 1.Candidates with experience may be preferred. 2.Knowledge of Local Language.	**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
Physician	02		
Gynecologist	02		
Orthopaedic Surgeon	02		
Ophthalmic Surgeon	02		
Psychiatrist	02		
Radiologist	01		
ENT Surgeon	01		
Pathologist	02		
General Surgeon	02		
Paediatrician	02		
Dermatologist	01		

Distribution of monthly remuneration:

Description	(Fresh Appointment)		(with 5 years experience)	
	Degree	Diploma	Degree	Diploma
Basis	1,25,000/-	90,000/-	1,75,000/-	1,25,000/-
Incentive	25,000/-	25,000	25,000/-	25,000/-
Gross Remuneration / month	1,50,000	1,15,000/-	2,00,000/-	1,50,000/-

Eligible and interested candidates may submit their application in the prescribed format (available on the website www.ddd@gov.in) to the Dy. Director (MHS)/Chief Medical Officer, Daman, with one set of self-attested photocopies of education qualifications, certificates, registration certificates, experience certificates and other relevant documents if any. Applications may either be submitted to the office of undersigned or may be sent via email to cmodaman1@gmail.com along with all the required documents.

Person who has been previously terminated from any Government organizations / institute shall not be considered eligible.

Note:

1. No TA/DA will be paid to the candidates for attending the interview.
2. The actual number of vacancies may vary as per requirements.
3. Only those candidates who are eligible will be called for interview.

Contact No. : 0260-9909943025 / 7574829801.

The undersigned reserves the right to cancel any applications OR selections at any level without assigning any reason.

Dy. Director (MHS)
Chief Medical Officer, 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, दमण / O/o. The Chief Medical Officer, Daman
नमो अस्पताल दमण/ Namo Hospital Daman
PH.NO.0260-2254266 / EMAIL ID: cmodaman1@gmail.com

Affix Latest passport size (3.5 cm × 4.5 cm) 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 (Self-attested copy of valid proof should be enclosed)	
	Age (as on 28.08.2026)	Years ..... Months ..... Days .....
8.	Category (Self-attested copy of valid proof should be enclosed)	SC / ST / OBC / Others
9.	Language known	
10.	Marital status	

11. **Educational qualification** (Self- attested certificates should be attach):

Qualification	Name of college / school	Board / University	Stream / Specialization	Year of passing	Percentage
S.S.C.					
H.S.C.					
MBBS					
Diploma in					
Post Graduation in					
Any other (please specify)					

12. **Work experience** (Self attested copies of Certificate of experience from the organizations / institutions should be attached with the application form) :

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

14. Details of registration with NMC/ SMC / any other council (Attach self-attested photocopy of relevant documents) :

15. Any other relevant information:

Declaration:

I, declare that, I fulfil all the conditions of eligibility regarding age limit, educational qualification etc.

I hereby, also 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 as per rule and applicable provisions.

Date : /08/2026

Place: **Signature of Candidate**

Note :

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