



**U. T. ADMINISTRATION OF
DADRA & NAGAR HAVELI AND DAMAN & DIU
DEPARTMENT OF HEALTH & FAMILY WELFARE
O/o. THE MEDICAL SUPERINTENDENT
NAMO HOSPITAL, DAMAN – 396 210
Email: damannamohospital@gmail.com**



No. NAMO/DMN/ Specialist/Walk-in-interview/2026-27/1336

Dated:- 03.09.2026

WALK-IN-INTERVIEW

The Department of Health and Family Welfare, U.T. Administration of DNH & DD, is conducting a **Walk-in Interview on 08.09.2026 from 11:00 AM onwards at NAMO Hospital, Daman**, for the below-mentioned posts to be filled on a Short-Term Contract basis at NAMO Hospital, Daman.

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/-

The interview will be conducted as per the following schedule:

Particulars	Details
Date	08.09.2026
Reporting Time	10:00 AM
Interview Time	11:00 AM onwards
Venue	Conference Hall, NAMO Hospital, Daman

You are requested to remain present at the above-mentioned date, time and venue along with the following:

- One set of attested photocopies of educational qualifications, experience certificates, and other relevant documents.
- A five-minute PPT presentation (soft/hard copy) highlighting your professional achievements, professional experience, work experience, additional responsibilities, fellowship experience, certifications & professional course and other relevant contributions.
- All original documents for verification.
- Your presentation shall be submitted to the office or emailed to (damannamohospital@gmail.com) by 7th September 2026, before 5:00 PM.
- Person who has been previously terminated from any government Organization shall not be considered.

Note:

- No TA/DA will be paid to the candidates for attending the interview.
 - The actual number of vacancies may vary as per requirements.
 - Only those candidates who are eligible will be called for interview.
 - Applications will be summarily rejected if found deviant from prescribed format and required criteria without assigning any reason.
 - Administration reserves the right to terminate the selection process.
- Contact No.: 0260- 2254266 / 7574829801.

T M Desai
Medical Superintendent,
NAMO Hospital Daman.



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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 08.09.2026)	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 : /09/2026

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.