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/2026-27/2208 **Dated:- 28.10.2026**

WALK-IN-INTERVIEW

The Department of Health and Family Welfare, UT of DNH & DD, is conducting a **Walk-in Interview** for the below-mentioned posts to be filled on a Short-Term Contract basis at NAMO Hospital, Daman. The last date for submission of application is **14.11.2026 at 12:30 PM.**

Name of Post	No. of Vacancy	Qualification	Proposed Monthly Remuneration
Anaesthetist	02	**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
Ophthalmic Surgeon	02		
Paediatrician	02		
Orthopaedic Surgeon	01		
General Surgeon	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	15.10.2026
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:

i. One set of attested photocopies of educational qualifications, experience certificates, and other relevant documents.
ii. 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.
iii. All original documents for verification.
iv. Your presentation shall be submitted to the office or emailed to (damannamohospital@gmail.com) by 10.10.2026, before 5:30 PM.
v. Person who has been previously terminated from any government Organization shall not be considered.

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.
4. Applications will be summarily rejected if found deviant from prescribed format and required criteria without assigning any reason.
5. Administration reserves the right to terminate the selection process.
   Contact No.: 0260- 2254266 / 7574829801.

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 14.11.2026)	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 : **/11/2026**

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.