

**Administration of
U.T of Dadra & Nagar Haveli and Daman & Diu,
Directorate of Medical & Health Services**

No.DMHS/EST/Med.edu/staff/2022/347/2984

Silvassa

Date: 27/07/2023

ADVERTISEMENT

Directorate of Medical & Health Services, Dadra & Nagar Haveli and Daman & Diu, Silvassa invites application from eligible candidates for below mentioned Teaching and Non-Teaching posts to be filled on Short term contract basis under NAMO Medical Education & Research Institute and Directorate of Medical & Health Services, DNH, Silvassa. The application should reach the undersigned on or before 09/08/2023.

A) Teaching posts vacant under NAMO Medical Education & Research Institute.

| Sr. No. | Name of Post | No. Of Vacancy | Department | Proposed Consolidated Salary (In Rs.) |
|---------|----------------------------|----------------|--|---------------------------------------|
| 1 | Professor | 14 | Anatomy 01, Physiology 01, Biochemistry 01, Pharmacology 01, Pathology 01, Blood Bank 01, Forensic Medicine 01, General Medicine 01, Pediatrics 01, Tuberculosis & Respiratory disease 01, Psychiatry 01, Orthopedic 01, Oto-Rhino-Laryngology 01, Radio-Diagnostics 01. | 2,25,000/- |
| 2 | Associate Professor | 16 | Pharmacology 01, Pathology 01, Forensic Medicine 01, General Medicine 04, Dermatology & Venereology 01, General Surgery 02, Orthopedic 01, Ophthalmology 01, Obstetrics & Gynecology 01, Anesthesiology 02, Radio-Diagnostics 01. | 2,00,000/- |
| 3 | Assistant Professor | 16 | Physiology 02, Forensic Medicine 01, General Medicine 02, Pediatrics 03, General Surgery 04, Obstetrics & Gynecology 02, Radio-Diagnostics 01 Blood Bank 01 (Anticipated) | 1,15,000/- |
| 4 | Assistant Professor (UHTC) | 01 | Community Medicine 01. | 1,15,000/- |
| 5 | Tutor | 16 | Anatomy 02, Physiology 01, Biochemistry 02, Pharmacology 01, Pathology 02, Microbiology 03, Forensic Medicine 02, Community Medicine 03. | 1,00,000/- |
| 6 | Senior Resident | 15 | General Medicine 04, Pediatrics 03, General Surgery 02, Anesthesiology 02, Radio-diagnostics 03, Obstetrics & Gynecology 01. | 1,10,000/- |

***For Teaching Posts, Eligibility as per latest amendment of NMC regulations.**

Details of Non – Teaching Vacant post under NAMO Medical Education & Research Institute, DNH&DD, Silvassa

| Sr. No. | Name of Post | No. Of Vacancy | Department | Proposed Consolidated Salary (In Rs.) |
|---------|----------------|----------------|--------------------|---------------------------------------|
| 1 | Heath Educator | 02 | Community Medicine | 20,000/- |

B) Posts vacant under Directorate of Medical & Health Services, Silvassa:

| Sr. No. | Name of Post | No. of Vacancy | Age | Qualification | ConsolidatedSalary per month (In Rs.) |
|---------|---|----------------|------------------------|--|---|
| 1 | Physician-01, Pediatrician – 01 Gynecologist-01, Anesthetist-01, and General Surgeon-03 | 07 | Not Exceeding 45 years | MD/MS/DNB/ Diploma with experience. | Salary as per experience for Degree Fresh- Rs. 1,25,000/- Exp. More than 05 years- Rs.1,75,000/- |
| 2 | Orthopedic Surgeon | 01 | | | Salary as per experience for Degree Fresh- Rs. 1,10,000/- Exp. More than 05 years Rs.1,50,000 |
| 3 | Pathologist | 01 | | | Salary as per experience for Degree Fresh- Rs. 1,00,000/- Exp. More than 05 years- Rs.1,25,000/- |
| 4 | Medical Officer (MBBS) | 09 | Not Exceeding 35 years | 1. MBBS 2. Completion of compulsory rotating internship. | Rs. 70,000/- |
| 5 | Manager (Hospital Administration) | 01 | Not exceeding 40 years | MBA in Hospital Administration/ Health & Hospital Management with 04 years experience in reputed hospital. Experience candidates would be given preference. | Rs. 75,000/- |

Eligible and desirous candidates may forward their applications in the prescribed format with one set of attested photocopies of educational qualification and experience certificate. *Details regarding eligibility, Recruitment rules, Salary details and the prescribed format of application are available on the official website: www.dnh.gov.in or www.vbch.dnh.nic.in.*

Note:

1. No TA/DA will be paid to the candidates for attending the interview.
2. Application will be summarily rejected if found deviant from the prescribed format and required criteria without assigning any reason
3. The Administration reserves the right to terminate the selection process without assigning a reason.

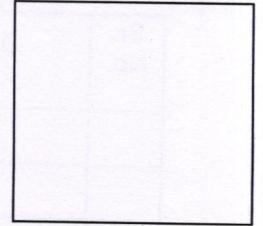
Application to be sent on:

| | |
|--|---|
| For Vacant posts under Medical College: | For Vacant posts under Shri Vinoba Bhave Civil Hospital, Silvassa: |
| Address: Administrative Office, NAMO Medical Education & Research Institute Campus, Opp. Maliba Petrol pump, Sayli Police Training School Road, Silvassa-396230. | Address: Office of the Chief Medical Officer, Directorate of Medical & Health Services, Dadra and Nagar Haveli, Silvassa-396230 |
| Contact No: 7624092991 | Contact No: (0260) 2642940 |
| E-mail: medicalcollege.dnh1@gmail.com | E-mail: est.dmhs@gmail.com |
| Website: www.dnh.gov.in&www.vbch.dnh.nic.in | |

Jensen
(Chief Medical Officer)
Medical & Health Service
DNH&DD

Application for post of Teaching Staff

ADMINISTRATION OF
DADRA & NAGAR HAVELI AND DAMAN & DIU, UT
DIRECTORATE OF MEDICAL & HEALTH SERVICES
NAMO MEDICAL EDUCATION & RESEARCH INSTITUTE



1. Post Applied for.....
in (subject).....
2. Name of candidate (In Block Letters)
& Address (attested copy of proof should be enclosed)
.....
.....
.....
Telephone No with code (Phone).....(Mobile).....
E-mail ID.....
3. Date of Birth:(attested copy of valid proof should be enclosed)
4. Age (as on 26/07/2023): Years.....Months.....Days.....
5. Sex : Male/Female
6. Date of appearance in last NMC:.....Designation.....
7. Language Known:
8. Marital Status: Married Unmarried
9. **Educational Qualification**

| Sr. No. | Examination | Year of passing | University | Total Marks | Percentage | For office use |
|---------|---------------------------|-----------------|------------|-------------|------------|----------------|
| 1. | Final MBBS (Part II only) | | | | | |
| 2. | MD/MS/MDS | | | | | |
| 3. | MCH/DM (Super Specialty) | | | | | |

10. Teaching Experience

| Sr. No. | Teaching Post Held | Name of Institution | Total Period | | Total Experience | | For officer use (Score) |
|-----------------------------------|--------------------|---------------------|--------------|----|------------------|------|-------------------------|
| | | | From | To | Yrs | Mths | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Total Teaching Experience- | | | | | | | |

11. Non Teaching Experience

| Sr. No. | Designation | Organization | Duration | | | Nature of Duties |
|---------|-------------|--------------|----------|----|------------|------------------|
| | | | From | To | Total Exp. | |
| | | | | | | |
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12. Details of Research Publications:

| State/National/International Journals | No. of Paper Published | Year of Publication | Name of Journal | Whether journal is Indexed(Yes/No) | For office use only |
|---------------------------------------|------------------------|---------------------|-----------------|------------------------------------|---------------------|
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| | | | | | |
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13. Details of Medical/Dental Council Registration:

Registration No: U.G. _____ P.G. _____

Date of Registration U.G. _____ P.G. _____

Name of Council U.G. _____ P.G. _____

14. Check list of Enclosures (attached photocopies: in following order)

| Attested photocopies in following orders | Please tick | Attested photocopies in following orders | Please tick |
|---|-------------|---|-------------|
| (1) Birth Date certificate : School Leaving | | (6) Degree Certificate | |
| (2) Final MBBS/BDS Mark Sheet. | | (7) Teaching/Non-Teaching Experience Certificate. | |
| (3) P.G. Marks Sheet | | (8) Research Publication (both original and photocopy) with a proof of Indexation. | |
| (4) MBBS/BDS; GMC/GDC Registration Certificate. | | (9) Copy of Aadhar Card | |
| (5) MS/MD/MDS-GMC/GDC Registration Certificate. | | (10) Domicile Certificate (For eligible Candidate) | |

Undertaking

I declare that information stated above are true to the best of my knowledge. If above Information is found to be false; I am bound to obey the decision of selection committee.

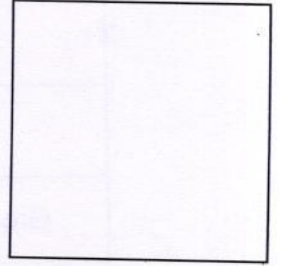
Place: _____

Date: _____

Signature of Applicant

- Attested Copies of Relevant Certificate / Documents should be attached along with application Form
- Incomplete or Unsigned Application will be rejected

APPLICATION FORM
UT OF DADRA & NAGAR HAVELI AND DAMAN & DIU
DIRECTORATE OF MEDICAL & HEALTH SERVICES
NAMO MEDICAL EDUCATION & RESEARCH INSTITUTE



Name of Post applied for.....

Name of candidate (in block letters)

Father's name:

Address for communication:

.....
.....
.....
.....
.....

Phone no. : Mobile No.....

E-mail address :

Date of birth:(attested copy of valid Proof should be enclosed)

Age (as on 26/07/2023)Years..... MonthsDays.....

Category : ST/ SC/ OBC / Others (attested copy of valid Proof should be enclosed)

Domicile of D&NH : Yes / No. (attested copy of Domicile Certificate issued by Mamlatdar,
Dadra and Nagar Haveli should be enclosed)

Language Known:

Educational Qualification :

| Academic | Name of School/College | Board/ University | Stream/ Special Subject | Year of Passing | Grade/ Percentage |
|-----------------------------|------------------------|-------------------|-------------------------|-----------------|-------------------|
| S.S.C | | | | | |
| H.S.C | | | | | |
| Graduation in | | | | | |
| Post Graduation in | | | | | |
| Any other Please specify | | | | | |

Work Experience :

| Sr. No. | Designation | Organization | Duration | | | Nature of Duties |
|---------|-------------|--------------|----------|----|------------|------------------|
| | | | From | To | Total Exp. | |
| | | | | | | |
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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:

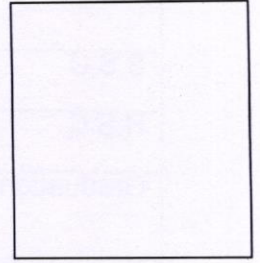
Place:

Signature of candidate

- Attested Copies of Relevant Certificate / Documents should be attached along with application Form
- Incomplete or Unsigned Application will be rejected

For posts under Directorate of Medical & Health Services, DNH, Silvassa

APPLICATION FORM
DIRECTORATE OF MEDICAL & HEALTH SERVICES
SHRI VINOBA BHAVE CIVIL HOSPITAL, SILVASSA
UT OF DADRA & NAGAR HAVELI AND DAMAN & DIU



Name of Post applied for.....

Name of candidate (in block letters)

Father's name:

Address for communication:.....
.....
.....
.....

Phone no. : Mobile No.....

E_mail address :
.....

Date of birth:(attested copy of valid Proof should be enclosed)

Age (as on 26/07/2023) Years..... MonthsDays.....

Category : ST/ SC/ OBC / Others (attested copy of valid Proof should be closed)

Domicile of D&NH : Yes / No. (attested copy of Domicile Certificate issued by Mamlatdar,

Language Known :

Educational Qualification :

| Academic | Name of School/College | Board/ University | Stream/ Special Subject | Year of Passing | Grade/ Percentage |
|-----------------------------|------------------------|-------------------|-------------------------|-----------------|-------------------|
| S.S.C | | | | | |
| H.S.C | | | | | |
| Graduation in | | | | | |
| Post Graduation in | | | | | |
| Any other Please specify | | | | | |

Work Experience :

| Sr. No. | Designation | Organization | Duration | | | Nature of Duties |
|---------|-------------|--------------|----------|----|------------|------------------|
| | | | From | To | Total Exp. | |
| | | | | | | |
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| | | | | | | |

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

- Attested Copies of Relevant Certificate / Documents should be attached along with application Form
- Incomplete or Unsigned Application will be rejected