## No.DMHS/DD/EST-BHW/2010-2011/

Administration of Daman & Diu,

Directorate of Medical & Health Services, Primary Health Centre, Daman 396 220.

## **ADVERTISEMENT**

Application are invited for filling up the following posts in the Directorate of Medical & Health Services, U. T Administration of Daman & Diu from the eligible candidates who possess the required Educational Qualification and experience as shown below:-

| Sr. | Name of the Post and   | No of                     | Educational Qualification   | Age limit   |
|-----|--|---------------------------|---|---|
| No. | Pay Band + GP  | post                      |   |   |
| 1.  | Basic Health Worker/<br>Health Worker (Male)<br>PB-2 Rs. 5200-20200<br>(GP-1900) | 04<br>(UR)<br>01<br>(OBC) | Essential:- 1) H.S.S.C. passed or equivalent 2) Completion of Multi Purpose Health Worker (Male) course from recognized institutions.  Desirable:- Knowledge of local language. | Not exceeding 30 years (Relaxable for Govt. Servant upto 5 years) |

The candidates should submit applications in prescribed Format with latest photograph attested by a Gazetted Officer giving full details regarding Educational and other Qualification, Date of Birth, Experience etc. accompanied with attested copies of each certificate so as to reach the office of the Director, Directorate of Medical & Health Services, Primary Health Centre, Moti Daman 396 220 on or before 11/01/2012 The applications received with requisite documents as stated above shall only be taken into consideration and if received within the stipulated time. No correspondence will be entertained as regards incomplete/time barred applications. The candidates are required Domicile Certificate of U.T. of Daman & Diu issued by the Mamlatdar, Daman / Diu. (Application format attached).

( Dr. K. Y. Sultan) Director, Medical & Health Services, Daman & Diu, Daman

Dated:

/2011.

| Al | PPLICATION FOR THE POST OF Basic Health Worker/ Health Worker (Male) |   |            |
|----|--|---|------------|
| 1. | Applicant Name(in English in Block Letter):-                         | Г |            |
| 2. | Father's Name (in Block Letter):-                                    |   | Affix your |
| 3. | Residential Address:-  |   | photograph |
|    | Date of Birth:-  |   | here       |
|    | Gender   |   | nere       |
|    | Nationality:   |   |            |
| 7. | Age as on normal closing date  |   |            |
|    | Whether SC/ST/ORC/PH/Ex-Serviceman:                                  |   |            |

| 9. Educational Qualification:-     |            |         |         |            |  |
|------------------------------------|------------|---------|---------|------------|--|
| Name of the Exam                   | Board /    | Year of | No. of  | Percentage | Class (Distinction, 1 <sup>st</sup> class, |
|                                    | University | Passing | Attempt |            | 2 <sup>nd</sup> class Pass Class etc).     |
| XIIth Passed                       |            |         |         |            |  |
| Multi purpose Health Worker (Male) |            |         |         |            |  |

Experience if any

| To: Experience if any |             |                |                   |    |  |
|-----------------------|-------------|----------------|-------------------|----|--|
| Name of Organization  | Designation | Nature of duty | Period of Service |    |  |
|                       |             |                | From              | То |  |
| •                     |             |                |                   |    |  |

11. Address: Write your complete communication address including your name in English capital letter with blue or black Ball Pen.

Name: Address: Mobile No.

## 12. Declaration:

- I declare that I fulfill all the conditions of eligibility regarding age limit, Educational Qualification, Experience etc.
- I declare that all statements made in this application form are true and complete and correct to the best of
  my knowledge and belief. I understand that in the event of any information being found suppressed/ false or
  incorrect or ineligibility being detected before or after the examination my candidature/appointment is
  liable to be cancelled.

Dated : (Signature of the Candidate)

**Note:** Application without Attested Photo Copy of Educational/Birth/Experience certificate shall be rejected summarily. Unsigned application will be rejected.