Administration of Daman & Diu, Directorate of Medical & Health Services, PHC, Daman – 396 220.

## **RE- ADVERTISEMENT**

Application are invited for filling up the post of Store Keeper in the Directorate of Medical & Health Services, U. T Administration of Daman & Diu from the eligible local 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.	Store Keeper	02	Essential:- 1) A graduate from a recognized University with	Not exceeding 30 years
	Rs. 5200-20200 with	(Gen.)	Chemistry as main subject	(Relaxable for Govt.
	Grade pay of Rs. 2400		2) One year working experience in a recognized hospital or	Servant upto 5 years)
	in PB-1		Medical Institution.	
			Desirable:-Knowledge of Local Language.	

The candidates should submit applications in prescribed Format with latest photograph attested by a Gazetted Officer giving full details regarding Educational Qualifications, Experience Certificate, Domicile Certificate and Date of Birth proof etc. accompanied with attested copies of each certificate so as to reach the office of the Director, Directorate of Medical & Health Services, Community Health Centre, Moti Daman 396 220 on or before 27/09/2013. 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. (The application format may be download from www.daman.nic.in).

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

Dated:

/ /2013.

## APPLICATION FOR THE POST OF Store Keeper

<ol> <li>Applicant Name(in II</li> <li>Father's Name (in BIII</li> <li>Residential Address</li> <li>Date of Birth:-</li> <li>Gender</li> <li>Nationality:-</li> <li>Age as on normal closs</li> <li>Whether SC/ST/OB</li> </ol>	ock Letter): : osing date C/PH/Ex-Service							Affix your photograph here		
9. Educational Qualific	ation:-	D J		V	NI	C D	Class	(D:-t:t: 1st -1 2nd		
Name of the Exam	Board / University		Year of Passing	No. o Attempt			Class (Distinction, 1 <sup>st</sup> class, 2 <sup>n</sup> class Pass Class etc).			
	University		1 assing	Attempt		Class	1 ass Class etc).			
10. Experience if any										
Name of Organization	Nature of duty					Period of Service				
Name of Organization Designation			reactive of duty			1 chod of Service				
						From		То		
11. Address: Write your	r complete comm	nunication	addı	ess includir	ng your na	me in English	capital lett	ter with blue or black Ball		
Pen.	•				•	0	•			
Name: Address:					Mobile No.					
12. Declaration:										
1. I declare that I fulfill all the conditions of eligibility regarding age limit, Educational Qualification, Experience etc.										
<ol> <li>I declare that</li> </ol>	t all statements	made in	this	application	form are	true and com	nlete and o	correct to the best of my		

2. 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