

No.DMHS/DD/WS/SI/PHN/2015-16/ 3212

Dated:- 02/12/2015.

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

**RE-ADVERTISEMENT**

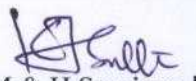
Application is invited for filling up the following post on regular basis in the Directorate of Medical & Health Services, U. T Administration of Daman & Diu from the eligible candidates who have possessed the required Educational Qualification as shown below:-

Sr. No.	Name of the Post and Pay Band + GP	No of post	Educational Qualification	Age limit
1.	Ward Sister PB-2 Rs. 9300-34800 with Grade Pay of Rs. 4800/-	01 (SC-1)	Essential:- 1. H.S.S.C. passed. 2. A grade certificate in Nursing from a recognized Institution. 3. Certificate in Midwifery 4. Three years Experience as Nurse/Nurse Midwife or staff Nurse.	Not exceeding 30 years (Relaxable for Govt. Servant upto 5 years) in accordance with order and instruction issued by the Central Government. <b>Note:-</b> the crucial date for determining the age limit shall be the closing date of receipt of applications from candidates in India (and not the closing date prescribed for those in Assam, Meghalaya, Arunachal Pradesh, Mizoram, Manipur, Nagaland, Tripura, Sikkim, Ladakh Division of J&K State, Lahual & Spiti District and Pangi Sub Division of Chamba District of Himachal Pradesh, Andaman & Nicobar Islands or Lakshadweep.

The candidates should submit applications in prescribed Format with latest self attested Photograph 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, C.H.C., Moti Daman 396 220 on or before **01/01/2016**. The application form can be downloaded from [www.daman.nic.in](http://www.daman.nic.in). The candidate claiming Schedule Caste shall be required to furnish a self attested copy of certificate issued by Competent Authority that he/she belong to Schedule Caste Community along with his/her application.

Any Indian citizen can apply for the post. However applicant having domicile of Daman & Diu shall be given weightage in accordance with O.M. No. 1-1-87-CS/PF/2823 dtd. 16/12/2013 subject to him/her producing domicile certificate issued by the Mamlatdar, Daman / Diu. 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. Applicant must attach all relevant experience certificates without which application will be rejected. **The eligible candidate who had applied previously vide advertisement No.DMHS/DD/ Apptt.Anes.Asstt./2015-16/1868 dated 10/08/2015 need not apply again.**

( Dr. K. Y. Sultan) Director, M & H Services, Daman.

 2/12/15

**APPLICATION FOR THE POST OF Ward Sister,  
(Reserved for Schedule Caste Candidate only)**

Affix your  
photograph  
here self  
attested

1. Applicant Name (Block Letter) :- \_\_\_\_\_
2. Father's Name (in Block Letter) :- \_\_\_\_\_
3. Residential Address with  
Phone No. \_\_\_\_\_  
\_\_\_\_\_
4. Date of Birth (DD/MM/YYYY) :- \_\_\_\_\_
5. Gender :- \_\_\_\_\_
6. Whether SC/ST/OBC/PH :- \_\_\_\_\_
7. Domicile :- DAMAN/DIU ( ✓ as appropriate )
8. Educational Qualification :- \_\_\_\_\_

Sr. No.	Board/University	Year of Passing	Percentage

9. Information/documents regarding Educational and other Qualifications:

**Ward Sister:** 1. H.S.S.C. passed. 2. A grade certificate in Nursing from a recognized Institution. 3. Certificate in Midwifery 4. Three years Experience as Nurse/Nurse Midwife or staff Nurse.

10. Experience, if any

Name of Organization	Designation	Nature of Duty	Period of Service	
			From	To

**Declaration :**

I, declare that I fulfill all the conditions of eligibility regarding age limit and Education Qualification, Experience etc., for the post of \_\_\_\_\_

I declare that all statements made in this application form are true, 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.

(Signature of Candidate)

Unsigned application will be rejected

Dated:

**Note:** Attach self attested copy of Birth/Education/Experience Certificate/Caste Certificate (if relevant), Domicile Certificate (if of Daman/Diu). Physically Handicapped Certificate (if relevant) failing which the application will be summarily rejected.

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