

संघ प्रदेश दादरा नगर हवेली एवं दमण एवं दीव प्रशासन

U. T. Administration of Dadra Nagar Haveli and Daman & Daman, चिकित्सा अधिक्षक का कार्यालय / O/o. The Medical Superintendent,

सरकारी अस्पताल, मरवड, दमण / Government Hospital, Marwad, Daman.

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No.GHD/DMN/RKS/Advertisement/2020-21/2428

Dated: 04.12.2020

ADVERTISEMENT

Rogi Kalyan Samiti, Government Hospital, Daman invites application from eligible candidates for below mentioned posts to be filled on Short Term Contract Basis under Rogi Kalyan Samiti, Government Hospital, Daman. The application should reach to the undersigned on or before 24.12.2020.

Sr. No.	Name of posts	No. of Vacancy	Age	Qualification	Consolidated
1.	Senior Dialysis Technician	01	Not exceeding 30 years	Essential 1.Diploma in Dialysis Technician/Certificate course in Dialysis OR 2.Diploma + 2 (two) years experience in Dialysis Unit	Rs. 25,000/- per month

Eligible and desirous candidates may forward their application in prescribed format (download form website www.daman.nic.in) to the office of the Medical Superintendent, Government Hospital, Daman -396210, with one set of attested photocopies of educational qualifications, experience certificate and other relevant documents. The application will be scrutinized by the Department Selection Committee. The Candidates will be shortlisted based on selection criteria Shortlisted candidates will be called for interview.

NOTE:

- 1. Candidates holding Domicile Certificate of Daman & Diu will be given preference.
- 2. Only those candidates who are eligible will be contacted for interview.
- 3. No TA/DA will be paid to the candidates for attending the interview.
- 4. Application will be summarily rejected if found deviant from prescribed format and required criteria without assigning any reason.
- 5. Member Secretary, Rogi Kalyan Samiti, Government Hospital, Daman reserves the right to terminate the selection process without assigning a reason.

(Dr. Sanjay Verma) Member Secretary, RKS Government Hospital, Daman

APPLICATION FORM ROGI KALYAN SAMITI, GOVERNMENT HOSPITAL, DAMAN

 Name of post applied for:	be enclosed)
3. Father's Name:	be enclosed)
4. Full Address:	be enclosed)
5. Phone No Mobile No 6. e-Mail Address: (attested copy of valid proof should 8. Age (as on 24.12.2020): Months: Days	be enclosed)
6. e-Mail Address: (attested copy of valid proof should 8. Age (as on 24.12.2020): Months: Days	be enclosed)
6. e-Mail Address: (attested copy of valid proof should 8. Age (as on 24.12.2020): Months: Days	be enclosed)
7. Date of Birth: (attested copy of valid proof should 8. Age (as on 24.12.2020): Months: Days	be enclosed)
8. Age (as on 24.12.2020): Months: Days	
9 Category: ST/SC/ORC(attested conv. of valid proof should be analogo	
7. Category. 51/50/ODC(attested copy of valid proof should be efferosed)
10.Domicile: Yes/No. (Attested copy of Domicile Certificate is issued by	the Mamlatdar, Daman & Diu
should be enclosed).	
11.Language known:	
12.Marital Status: Married: Unmarried:	
13.Education Qualifications:	
Academic Name of School/ Board University Stream/Spec Subject	ial Year of passing Percentage
S.S.C.	
H.S.C.	
Diploma in	
Graduation in	
Any other	
Please Specify	
. Work Experience:	,
Durat	ion
Sr. No. Designation Organization From	Total Nature of duties Exp.

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 undersigned that in case any of my statements if 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.