

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. No.	Name of the Post and Pay Band + GP	No of post	Educational Qualification	Age limit
1.	Physiotherapist PB-2 Rs. 9300-34800 (GP-4200)	02 (UR)	Essential:- 1) Higher Secondary with science subject or equivalent 2) Bachelor in Physiotherapy (BPT) from a recognized University or Institution. Desirable:- Three years working experience in Physiotherapy in a Hospital.	Not exceeding 30 years (Relaxable for Govt. Servant upto 5 years)
2.	Occupational Therapist PB-2 Rs. 9300-34800 (GP-4200)	01 (UR)	Essential:- 1) Higher Secondary with science subject or equivalent 2) Bachelor in Occupational Therapy from a recognized University or Institution. Desirable:- Three years working experience in Occupational Therapy in a Hospital.	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 **10/10/2011**. 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.

Application form attached.

(Dr. K. Y. Sultan)

Director, Medical & Health Services, Daman & Diu, Daman

APPLICATION FOR THE POST OF Physiotherapist/ Occupational Therapist

- Applicant Name(in English in Block Letter):- _____
- Father's Name (in Block Letter):- _____
- Residential Address :- _____
- Date of Birth:- _____
- Gender _____
- Nationality:- _____
- Age as on normal closing date _____
- Whether SC/ST/OBC/PH/Ex-Serviceman:- _____
- Educational Qualification:- _____

Affix your photograph here

Name of the Exam	Board / University	Year of Passing	No. of Attempt	Percentage	Class (Distinction, 1 st class, 2 nd class Pass Class etc).
XI th Passed with Science Subject					
Bachelor of Physiotherapy (BPT)/ Bachelor in Occupational Therapy (BOT)					

10. Experience if any _____

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

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.

संघ प्रदेश दमण एवं दीव प्रशासन

चिकित्सा एवं स्वास्थ्य सेवा निदेशालय, प्राथमिक स्वास्थ्य केंद्र परिसर, मोटी दमण.

सं.डीएमएचएस/सीएचसी/ईएसटीटी/ फिसियोथेरेपी एंड ओक्युपेशनल थेरापी /11-12/

दिनांक : /9/2011

विज्ञापन

चिकित्सा एवं स्वास्थ्य सेवा निदेशालय, संघ प्रदेश प्रशासन दमण एवं दीव द्वारा निम्नलिखित पद हेतु निम्नदर्शित आवश्यक शैक्षिक अर्हता एवं अनुभव प्राप्त अभ्यर्थियों से आवेदनपत्र आमंत्रित किया जाता है ।

क्रम सं.	पद के नाम और पे ब्रेड + ग्रेड पे	पद की संख्या	शैक्षिक अर्हता	आयु सीमा
1.	फिसीओथेरापिस्ट पीबी-2 रु.9300- 34800 (जीपी- रु 4200)	02 (अनारक्षित)	अनिवार्य :- 1) विज्ञान विषय अथवा समकक्ष के साथ उच्चतर माध्यमिक । 2) मान्यता प्राप्त विश्व विद्यालय या संस्थान से फिसियोथेरेपी (बीपीटी) में स्नातक। वांछनीय : अस्पताल में फिसियोथेरेपी में 3 वर्षों का कार्यानुभव।	30 वर्ष से अधिक नहीं। (सरकारी कर्मचारी के लिए 5 वर्ष तक की छूट)
2.	ओक्युपेशनल थेरापिस्ट पीबी-2 रु.9300- 34800 (जीपी-रु 4200)	01 (अनारक्षित)	अनिवार्य :- 1) विज्ञान विषय अथवा समकक्ष के साथ उच्चतर माध्यमिक 2) मान्यता प्राप्त विश्व विद्यालय या संस्थान से ओक्युपेशनल थेरापी में स्नातक वांछनीय : अस्पताल में ओक्युपेशनल थेरापी में 3 वर्षों का कार्यानुभव।	30 वर्ष से अधिक नहीं। (सरकारी कर्मचारी के लिए 5 वर्ष तक की छूट)

अभ्यर्थी आवेदनपत्र निर्धारित प्रपत्र में राजपत्रित अधिकारी द्वारा सत्यापित वर्तमान फोटो लगाकर शैक्षिक एवं अन्य अर्हता, जन्म तारीख, अनुभव इत्यादि की जानकारी और प्रत्येक प्रमाणपत्र की सत्यापित प्रतिलिपि के साथ निदेशक, चिकित्सा एवं स्वास्थ्य सेवा निदेशालय, प्राथमिक स्वास्थ्य केंद्र, मोटी दमण - 396 220 कार्यालय में दिनांक 10/10/2011 या इससे पहले प्रस्तुत करें। उपर उद्धृत आवश्यक कागजात के साथ प्राप्त आवेदनपत्र ही ध्यान में लिया जाएगा। अपूर्ण/समय सीमा के बाद प्राप्त आवेदनपत्र के बारे में किसी भी प्रकार के पत्राचार नहीं किया जाएगा। (आवेदनपत्र संलग्नक है)।

(डॉ. के. वाय. सुलतान)

निदेशक, चिकित्सा एवं स्वास्थ्य सेवा

APPLICATION FOR THE POST OF Physiotherapist/ Occupational Therapist

- Applicant Name(in English in Block Letter):- _____
- Father's Name (in Block Letter):- _____
- Residential Address :- _____
- Date of Birth:- _____
- Gender _____
- Nationality:- _____
- Age as on normal closing date _____
- Whether SC/ST/OBC/PH/Ex-Serviceman:- _____
- Educational Qualification:- _____

Affix your
photograph
here

Name of the Exam	Board / University	Year of Passing	No. of Attempt	Percentage	Class (Distinction, 1 st class, 2 nd class Pass Class etc).
XI th Passed with Science Subject					
Bachelor of Physiotherapy (BPT)/ Bachelor in Occupational Therapy (BOT)					

10. Experience if any

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

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.