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:-

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of the Post and Pay Band + GP</th>
<th>No of post</th>
<th>Educational Qualification</th>
<th>Age limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Physiotherapist PB-2 Rs. 9300-34800 (GP-4200)</td>
<td>02 (UR)</td>
<td>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.</td>
<td>Not exceeding 30 years (Relaxable for Govt. Servant upto 5 years)</td>
</tr>
<tr>
<td>2.</td>
<td>Occupational Therapist PB-2 Rs. 9300-34800 (GP-4200)</td>
<td>01 (UR)</td>
<td>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.</td>
<td>Not exceeding 30 years (Relaxable for Govt. Servant upto 5 years)</td>
</tr>
</tbody>
</table>

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

1. Applicant Name (in English in Block Letter):- _____________________________________
2. Father’s Name (in Block Letter):- _____________________________________________
3. Residential Address :- ______________________________________________________
4. Date of Birth:- _____________________________
5. Gender ___________________________________
6. Nationality:- __________________________________
7. Age as on normal closing date _____________________________
8. Whether SC/ST/OBC/PH/Ex-Serviceman:- _____________________________
9. Educational Qualification:-

<table>
<thead>
<tr>
<th>Name of the Exam / University</th>
<th>Year of Passing</th>
<th>No. of Attempt</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>XIIth Passed with Science Subject</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor of Physiotherapy (BPT)/ Bachelor in Occupational Therapy (BOT)</td>
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<td></td>
<td></td>
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</tbody>
</table>

10. Experience if any

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Designation</th>
<th>Nature of duty</th>
<th>Period of Service</th>
</tr>
</thead>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

1. I declare that I fulfill all the conditions of eligibility regarding age limit, Educational Qualification, Experience etc.
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 indigibility 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.
**APPLICATION FOR THE POST OF Physiotherapist/ Occupational Therapist**

1. Applicant Name(in English in Block Letter):-
2. Father’s Name (in Block Letter):-
3. Residential Address :-
4. Date of Birth:-
5. Gender
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<th>No. of Attempt</th>
<th>Percentage</th>
<th>Class (Distinction, 1st class, 2nd class Pass Class etc).</th>
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