ADVERTISEMENT

Application are invited for filling up the following post 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>Filaria Inspector, PB-1 Rs. 5200-20200 (GP – 2400)</td>
<td>01 (UR)</td>
<td>Essential:- 1. H.S.S.C passed with Science subject. 2. Completion of Multi Purpose Health Worker (Male) course from recognized Institutions. Desirable:- Knowledge of local language.</td>
<td>Age : 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 26/02/2013. (The application can also be download from www.daman.nic.in). 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. (Application form attached).

APPLICATION FOR THE POST OF Filaria Inspector

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:-

10. Experience if any __________________________________________________________

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 ineligible 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/ Domicile certificates shall be rejected summarily. Unsigned application will be rejected.

No NVBDCP/DMN/210/FI/2012-13/3913 Dated : 04/02/2013 Administration of Daman & Diu, Directorate of Medical & Health Services, Primary Health Centre, Daman 396 220.