

No.NVBDCP/DMN/210/FI/2013-14/ 3941

Dated:- 05 / 2 / 2014

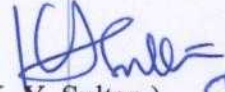
Administration of Daman & Diu,
Directorate of Medical & Health Services,
PHC, Daman – 396 220.

ADVERTISEMENT

Applications are invited for filling up one post of Filaria Inspector on regular basis 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 and other Qualification	Age limit
1.	Filaria Inspector PB-1 Rs. 5200-20200 with Grade pay of Rs. 2400/-	01 post (UR)	Essential:- (1) H.S.S.C. passed with Science subject (2) Completion of Multi purpose Health Worker (Male) course from recognised institutions. Desirable:- Knowledge of local language	Not exceeding 30 years (Relaxable for Govt. Servant up to 5 years)

The candidates should submit applications in prescribed Format (copy attached) with latest self attested photograph giving full details regarding Educational and other Qualifications, Date of Birth, Experience etc. accompanied with self 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 **04/03/2014**. (The application form can also be downloaded from website 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. Applicant must attach all relevant certificates without which application will be rejected.


(Dr. K. Y. Sultan) ST-117

Director
Dte. of Medical & Health Services,
Daman & Diu

APPLICATION FOR THE POST OF FILARIA INSPECTOR

Paste recent
Passport size
Photograph
self attested

1. Applicant's Name (in Block Letter) : _____
2. Father's Name (in Block Letter) : _____
3. Residential Address : _____

4. Date of Birth (DD/MM/YYYY) : _____
5. Gender : _____
6. Whether SC/ST/OBC/PH : _____
7. Domicile : Daman/Diu/Others (✓ as appropriate)
8. Educational Qualification

Sr. No.	Board/University	Year of Passing	Percentage

9. Information/documents to be attached regarding Educational and other Qualifications:
- (i) H.S.S.C. passed with Science subject
- (ii) Completion of Multi Purpose Health Worker (Male) course from recognised institutions.
- (iii) Knowledge of local language

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.

Dated:

(Signature of Candidate)

Unsigned application will be rejected

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.