

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

ADVERTISEMENT

Application is invited for filling up two posts of Para Medical Worker (PMW) 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 posts	Educational and Other Qualification	Age limit	Reser vation
1.	Para Medical Worker (PMW) PB-1 Rs. 5200-20200 with Grade pay Rs. 2400/-	02 posts	Essential:- (1) H.S.S.C. passed. (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)	1- UR 1- ST

The candidates should submit applications in prescribed Format with latest Self Attested photograph giving full details regarding Educational and other Qualification, 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 **25/04/2016** from the date of publication of advertisement. (The applications form can also be downloaded from the website www.daman.nic.in).

Any Indian citizen can apply for the post. However applicant having domicile of Daman & Diu shall be given weightage in accordance with O.M. No.1-1-87-CS/PF/1759 dated 29/09/2015 subject to him/her producing domicile certificate issued by the Mamlatdar, Daman / Diu. 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.

(Dr. K. Y. Sultan) Director, M & H Services, Daman

APPLICATION FOR THE POST OF : PARA MEDICAL WORKER (PMW)

(FOR UR AND ST CATEGORY)

ADMINISTRATION OF DAMAN & DIU,
DIRECTRATE OF MEDICAL & HEALTH SERVICES,
PRIMARY HEALTH SERVICES, MOTI DAMAN

Paste recent
Passport size
Photograph duly
Self Attested

1. Applicant's Name (in Block Letter) : _____

2. Father's Name (in Block Letter) : _____

3. Residential Address : _____

4. Email ID _____ : Phone No.:

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5. Date of Birth (DD/MM/YYYY) : _____

6. Gender (Male / Female) : _____

7. Whether SC/ST/OBC/PH : _____

8. Domicile of Daman / Diu : (Yes / No)

9. Educational Qualification

Sr. No.	Examination Passed	Board / University	Year of Passing	Percentage

10. (a) Information / documents regarding Educational and other Qualifications: (√ as appropriate)

I. Essential :	(i)	H.S.S.C. passed.	<input type="checkbox"/>
	(ii)	Completion of Multi Purpose Health Worker course from recognised institutions.	<input type="checkbox"/>
II. Desirable :	(i)	Knowledge of Local language.	<input type="checkbox"/>

9 (b) Information regarding Knowledge of Information & Commission Technology Qualification :

Sr. No.	ICT Qualification (√ in the next column as applicable)	
1.	Has studies and passed Computer Science / Information Technology as a subject at Std 12 th level or at any higher level or BCC or any higher level course of NIELIT	<input type="checkbox"/>
2.	CCC course of NIELIT or any higher level course of NIELIT	<input type="checkbox"/>
3.	B. Sc in Computer Science / Information Technology / BCA	<input type="checkbox"/>
4.	B. Tech in Computer Science / Information Technology / M. Sc in Computer Science	<input type="checkbox"/>
5.	M. Tech in Computer Science / Information Technology / MCA	<input type="checkbox"/>
6.	None of the above	<input type="checkbox"/>

11. Experience, if any

Name of Organisation	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.

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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.