Applications are invited for filling up the posts of X-Ray Technician / Radiographer 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:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Name of the Post and Pay Band + GP</th>
<th>No of posts</th>
<th>Educational and Other Qualification</th>
<th>Age limit</th>
<th>Reservation</th>
</tr>
</thead>
</table>
| 1.     | X-Ray Technician/Radiographer     | 03 posts    | Essential: -  
(1) H.S.S.C. passed with Science subject.  
(2) Successful completion of course of X-Ray Technician / Radiographer from a recognised institution  
(3) Experience of one year as X-Ray Technician/Radiographer Desirable: - Knowledge of Local language. | Not exceeding 30 years (Relaxable for Govt. Servant up to 5 years) | 2 – OBC 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 15/02/2016 from the date 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, applicants 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: X-RAY TECHNICIAN / RADIOGRAPHER
( FOR OBC AND ST CATEGORY ONLY )

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

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

4. Email ID: Phone No.: 
5. Date of Birth (DD/MM/YYYY): 
6. Gender (Male / Female): 
7. Whether SC/ST/OBC/PH: 
8. Domicile of Daman / Diu: (Yes / No)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Educational Qualification</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Board / University</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>ICT Skill</th>
</tr>
</thead>
<tbody>
<tr>
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<td>(✓ in the next column as applicable)</td>
</tr>
</tbody>
</table>

1. Essential:
   (i) H.S.S.C. passed with Science subject.
   (ii) Successful completion of course of X-Ray Technician/Radiographer from a recognised institution.
   (iii) Experience of one year as X-Ray Technician/Radiographer.

2. Desirable:
   (i) Knowledge of Local language.

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

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>ICT Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(✓ in the next column as applicable)</td>
</tr>
</tbody>
</table>

1. Has studies and passed Computer Science / Information Technology as a subject at Std 12th level or at any higher level or BCC or any higher level course of NIELIT
2. CCC course of NIELIT or any higher level course of NIELIT
3. B. Sc in Computer Science / Information Technology / BCA
4. B. Tech in Computer Science / Information Technology / M. Sc in Computer Science
5. M. Tech in Computer Science / Information Technology / MCA
6. None of the above

11. Experience, if any

<table>
<thead>
<tr>
<th>Name of Organisation</th>
<th>Designation</th>
<th>Nature of Duty</th>
<th>Period of Service</th>
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<tbody>
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<td>From</td>
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</table>

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.