

Administration of U.T. of Daman & Diu,  
Government College of Nursing Daman,  
Campus of Govt. Hospital Marwad,  
Daman- 396210.

**ADVERTISEMENT**

The U.T Administration of Daman & Diu invites applications from suitable candidates having post graduate qualification with experience in respective area for appointment of external faculty for B.Sc. Nursing Course on visiting basis at Government College of Nursing, Daman for the subjects mentioned below:

Sr. No.	Subject	Hours of Instruction per year
1	English	30 hrs
2	Nutrition	30 hrs
3	Pathology	30 hrs
4	Genetics	15 hrs
5	Pharmacology	23 hrs
6	Sociology	30 hrs

- Honorarium for guest lecturer is fixed @ Rs. 400/- per session with an upper limit of Rs. 5,000/- per month.
- The candidates should submit applications giving full details regarding Educational and other Qualification, Date of Birth, Experience, etc. with Xerox copies of all academic qualifications/testimonials/experience certificates duly self attested with recent passport size photograph pasted on the main application so as to reach the Office of The Principal, Government College of Nursing, Campus of Govt. Hospital, Marwad, Daman – 396210 **on or before 20/11/2018 upto 5:00 pm**
- Original certificates have to be produced during interview.
- Employees who have retired can also apply provided their age is below 62 years.
- The candidate holding Domicile of Daman & Diu will be given preference.



(Dr. V. K. Das)  
Director  
Medical & Health Services  
Daman & Diu

No. 1/14-39(Nur-Coll-DD)/2017/DMHS/

Date: /11/2018.

c/519

Affix self  
attested  
photograph  
here

**APPLICATION FOR THE POST OF EXTERNAL FACULTY ON THE VISITING BASIS.**

1. Applicant's Name (In Block Letters) :- \_\_\_\_\_
2. Father's Name (In Block Letters) :- \_\_\_\_\_
3. Residential Address :- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Date of Birth (DD/MM/YYYY) :- \_\_\_\_\_
5. Gender :- \_\_\_\_\_
6. Domicile of Daman & Diu :- Daman/Diu (as appropriate) \_\_\_\_\_
7. EDUCATIONAL QUALIFICATION :-

Sr.No.	Board / University	Year of Passing	Percentage

9. 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 Educational 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 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.

(Signature of Candidate)  
Unsigned application will be rejected

Dated:-

**Note:** Attach self attested copy of Birth/Education/Experience Certificate, Domicile Certificate (if Daman/Diu) failing which the application will be summarily rejected.