UT ADMINISTRATION OF DAMAN AND DIU
OFFICE OF THE MEDICAL SUPERINTENDENT
GOVERNMENT HOSPITAL, MARWAD, DAMAN
PH.NO.0260-2254266
EMAIL ID: ghddmnn@gmail.com

No: GHD/DMN/RKS/Advertisement/2020-21/881

Dated: 04.06.2020

Rogi Kalyan Samiti, Government Hospital, Daman invites application from eligible candidates for below mentioned posts to be filled on Short Term Contract Basis under Rogi Kalyan Samiti, Government Hospital, Daman. The application should reach the undersigned on or before 27.06.2020.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of posts</th>
<th>No. of Vacancy</th>
<th>Age</th>
<th>Qualification</th>
<th>Consolidated Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Staff Nurse</td>
<td>3</td>
<td>Not exceeding 35 years</td>
<td>Essential (1) H.S.C Passed (2) A grade certificate in Nursing from a recognized university (3) Certificate in Midwifery (qualification relaxable in case of candidates otherwise well qualified) (4) Should be registered with the Nursing Council</td>
<td>Rs. 21,900/- per month</td>
</tr>
<tr>
<td>2</td>
<td>Dietician</td>
<td>1</td>
<td>Not Exceeding 30 years</td>
<td>Essential (1) 10 + 2 Class pass with physics, chemistry and Biology (PCB) as main subject and for some institution of repute with at least 60% marks (2) Three years B.Sc. Nutrition Course or Four Years Food Technology Course Desirable: Experience of 1 year as Dietician</td>
<td>Rs. 15,000/- per month</td>
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</table>

Eligible and desirous candidates may forward their application in prescribed format (download form website www.daman.nic.in) to the office of the Medical Superintendent, Government Hospital, Daman – 396210, with one set of attested photocopies of educational qualification and experience certificate. The application will be scrutinized by Department Selection Committee. The Candidates will be shortlisted based on selection criteria Shortlisted candidates will be called for interview.

NOTE:

1. Candidates holding Domicile Certificate of Daman & Diu will be given preference.
2. Only those candidates who are eligible will be contacted for interview.
3. No TA/DA will be paid to the candidates for attending the interview.
4. Application will be summarily rejected if found deviant from prescribed format and required criteria without assigning any reason.
5. Member Secretary, Rogi Kalyan Samiti, Government Hospital, Daman reserves the right to terminate the selection process without assigning a reason.

(Dr. Shailesh Arlekar)
Member Secretary, RKS
Government Hospital, Daman
**APPLICATION FORM**
**ROGI KALYAN SAMITI, GOVERNMENT HOSPITAL, DAMAN**

1. Name of post applied for: 

2. Name of candidate (in Block letters): 

3. Father's/Husband Name: 

4. Full Address: 

5. Phone No.: ___________________________  Mobile No.: ___________________________ 

6. E-Mail address: 

7. Date of birth ___________________________ (attested copy of valid Proof should be enclosed) 

8. Age (as on 27.06.2020) Year ___________ Month ___________ Days ___________ 

9. Category: ST/SC/OBC (attested copy of valid proof should be enclosed) 

10. Domicile: Yes / No. (Attested copy of Domicile Certificate is issued by Mamblatdar, Damansagar & Diu should be enclosed). 

11. Language Known: 

12. Marital Status:  Married [ ]  Unmarried [ ] 

13. Education Qualification:

<table>
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<tr>
<th>Academic</th>
<th>Name of school/ College</th>
<th>Board / University</th>
<th>Stream/ Special Subject</th>
<th>Year of Passing</th>
<th>Percentage</th>
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<tr>
<td>S. S. C.</td>
<td></td>
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<tr>
<td>H. S. C.</td>
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<tr>
<td>Diploma in</td>
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<td>Graduation</td>
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<td>Any other</td>
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<td>Please specify</td>
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14. Work Experience:

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<tr>
<th>Sr. No.</th>
<th>Designation</th>
<th>Organization</th>
<th>Duration From</th>
<th>To</th>
<th>Total Exp.</th>
<th>Nature of Duties</th>
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I hereby declare that all the statements made by me in the application form and information sheet are true and complete to the best of my knowledge and belief. I also undersign that in case any of my statements is found untrue during any stage of recruitment and thereafter, I shall be disqualified for the post applied for and I shall be liable for any penal action.

Date: 
Place: 

**Signature of Candidate**

- Attested Copies of Relevant Certificate/Documents should be attached along with application form.
- Incomplete or Unsigned Application will be rejected.