

**Administration of
Dadra & Nagar Haveli, UT
Directorate of Medical & Health Services
(NAMO Medical Education & Research Institute)**

No. DMHS/EST/NAMO-MERI/Advt./Dean/2022/89/3049

Silvassa
Date: 19/05/2022

ADVERTISEMENT

Directorate of Medical & Health Services, Dadra & Nagar Haveli and Daman & Diu invites application from eligible candidates for below mentioned post to be filled on short term contract basis under NAMO Medical Education & Research Institute at Dadra & Nagar Haveli, Silvassa. The application should reach the undersigned on or before **29/05/2022.**

Sr. No.	Name of Post	No. of Vacancy	Qualification	Proposed consolidated Salary (In Rs.)
1	Dean	01	1. Postgraduate Medical Qualification and other Academic qualification from a recognized institution/university with a minimum of ten years experience in Professor/Associate Professor/Reader in a Medical College/Institute. 2. Out of which five years should be as Professor in a department. Preference for this appointment may be given to the Heads of the Departments.	Rs. 2,02,848/-


***Eligibility as per latest amendment of NMC regulations.**

Eligible and desirous candidates may forward their applications in the prescribed format (download from website) to the **Office of the Director, Medical & Health Services, Dadra and Nagar Haveli, Silvassa-396230**, with one set of attested photocopy of educational qualification and experience certificate. *Details regarding eligibility, Recruitment rules, Salary details and the prescribed format of application are available on the official website: www.dnh.gov.in or www.vbch.dnh.nic.in*

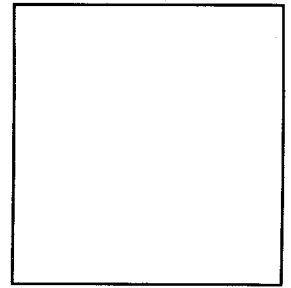
Note:

1. No TA/DA will be paid to the candidates for attending the interview.
2. Application will be summarily rejected if found deviant from the prescribed format and required criteria without assigning any reason
3. The Director, Medical & Health Services, DNH reserves the right to terminate the selection process without assigning a reason.

Contact No. 7624092991, (0260) 2642940/2630102
Website: www.dnh.gov.in & www.vbch.dnh.nic.in
E-mail: medicalcollege.dnh@gmail.com


(Dr. V. K. Das)
Director (M&HS)

**ADMINISTRATION OF
DADRA & NAGAR HAVELI AND DAMAN & DIU, UT
DIRECTORATE OF MEDICAL & HEALTH SERVICES
NAMO MEDICAL EDUCATION & RESEARCH INSTITUTE
SILVASSA**



1. Post Applied for..... in (subject).....
2. Name of candidate (In Block Letters)
& Address
Telephone No. with code (Phone)..... (Mobile).....
E-mail ID.....
3. Date of Birth:(attested copy of valid proof should be enclosed)
4. Age (as on 18/05/2022): Years.....Months.....Days.....
5. Sex : Male/Female
6. Date of appearance in last MCI:Designation.....
7. Language Known:
8. Marital Status: Married Unmarried

9. Educational Qualification

Sr. No.	Examination	Year of passing	University	Total Marks	Percentage	For office use
2.	Final MBBS (Part II only)					
2.	MD/MS/MDS					
3.	MCH/DM (Super Specialty)					

10. Teaching Experience

Sr. No.	Teaching Post Held	Name of Institution	Total Period		Total Experience		For officer use (Score)
			From	To	Years	Months	
Total Teaching Experience-							

10. Details of Research Publications:

State/National/ International Journals	No. of Paper Published	Year of Publication	Name of Journal	Whether journal is Indexed (Yes/No)	For office use only

11. Details of Medical/Dental Council Registration:

Registration No: U.G. _____ P.G. _____

Date of Registration U.G. _____ P.G. _____

Name of Council U.G. _____ P.G. _____

12. Check list of Enclosures (attached photocopies: in following order)

Attested photocopies in following orders	Please tick	Attested photocopies in following orders	Please tick
(6) Birth Date certificate : School Leaving		(6) Degree Certificate	
(7) Final MBBS/BDS Mark Sheet.		(7) Teaching Experience Certificate.	
(8) P.G. Marks Sheet		(8) Research Publication (both original and photocopy) with a proof of Indexation.	
(9) MBBS/BDS; GMC/GDC Registration Certificate.		(9) Domicile Certificate (For eligible Candidate)	
(10) MS/MD/MDS-GMC/GDC Registration Certificate.			

Undertaking

I declare that information stated above are true to the best of my knowledge. If above Information is found to be false; I am bound to obey the decision of selection committee.

Place: _____

Date: _____

Signature of Applicant

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