

**Rogi Kalyan Samiti**  
**Office of the Member Secretary (RKS)**  
**Shri Vinoba Bhave Civil Hospital**

No.MS/RKS/VBCH/2022/94/997

Silvassa

Date 13/07/2024

**ADVERTISEMENT**

Rogi Kalyan Samiti, Shri Vinoba Bhave Civil Hospital, Silvassa conducts walk-in-interview on **20/07/2024** at **10:00 am** in the Office of the Collector, Collectorate, DNH, Silvassa for the below mentioned post to be filled on Short Term Contract Basis under Rogi Kalyan Samiti.

Sr. No.	Name of posts	No. of post	Age	Qualification	Consolidated Salary (per month)
1	Neuro-Surgeon	01	Not Exceeding 45 years	MD/DNB/M.Ch. in Neuro-Surgery with experience.	₹ 3,00,000/-

Eligible and desirous candidates may forward their applications in the prescribed format (download from website) to the **Office of the Member Secretary (RKS), Shri Vinoba Bhave Civil Hospital, Silvassa – 396230 before 19/07/2024** also bring one set of attested photocopy of educational qualification and experience certificate at the time of walk-in-interview.

**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 Member Secretary (RKS), Shri Vinoba Bhave Civil Hospital, Silvassa reserves the right to terminate the selection process without assigning a reason.

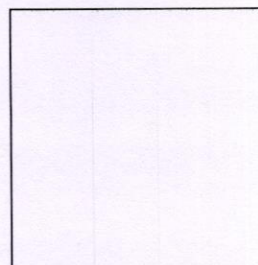
Contact No. (0260) 2642940

Website: [www.dnh.gov.in](http://www.dnh.gov.in) & [www.vbch.dnh.nic.in](http://www.vbch.dnh.nic.in)

E-mail: [silvassarogikalyansamiti@gmail.com](mailto:silvassarogikalyansamiti@gmail.com)

*Devn*  
**(Dr. D.K. Makwana)**  
**Member Secretary (RKS)**

APPLICATION FORM  
ROGI KALYAN SAMITI  
OFFICE OF THE MEMBER SECRETARY  
SHRI VINOBA BHAVE CIVIL HOSPITAL  
UT OF DADRA & NAGAR HAVELI AND DAMAN & DIU



Name of Post applied for.....

Name of candidate (in block letters) .....

Father's name: .....

Address for  
communication:.....

.....  
.....  
.....

Phone No. : ..... Mobile No.....

Email Address: .....

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

Age (as on 19/07/2024) Years..... Months .....Days.....

Category : ST/ SC/ OBC / Others (attested copy of valid Proof should be enclosed)

Domicile of D&NH : Yes / No. (attested copy of Domicile Certificate issued by Mamlatdar,  
Dadra and Nagar Haveli should be enclosed)

Language Known: .....

Educational Qualification:

Educational Qualification:

Academic	Name of School/College	Board/ University	Stream/ Special Subject	Year of Passing	Grade/ Percentage
S.S.C					
H.S.C					
Graduation in					
Post Graduation in					
Any other Please specify					

Work Experience:

Sr. No.	Designation	Organization	Duration			Nature of Duties
			From	To	Total Exp.	

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 understand 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