# Administration of U.T of Dadra & Nagar Haveli and Daman & Diu, Directorate of Medical & Health Services

No.DMHS/EST/Med.edu/staff/2022/347/3854

Silvassa

Date: 19 002023

#### **ADVERTISEMENT**

Directorate of Medical & Health Services, Dadra & Nagar Haveli and Daman & Diu, Silvassa invites application from eligible candidates for below mentioned posts to be filled on Short term contract basis under NAMO Medical Education & Research Institute. The application should reach the undersigned on or before O4 07 2023.

### A) Teaching Post Vacant Under NAMO Medical Education & Research Institute.

| Sr.<br>No. | Name of<br>Post                  | No. Of<br>Vacancy | Department   | Proposed<br>Consolidated<br>Salary<br>(In Rs.) |
|------------|----------------------------------|-------------------|--|--|
| 1          | Professor                        | 12                | Anatomy 01, Physiology 01, Biochemistry 01, Pharmacology 01, Blood Bank 01, General Medicine 01, Pediatrics 01, Tuberculosis & Respiratory disease 01, Psychiatry 01, Orthopedic 01, Oto-Rhino-Laryngology 01, Radio-Diagnostics 01. | 2,25,000/-                                     |
| 2          | Associate<br>Professor           | 15                | Pharmacology 01, Pathology 01, General Medicine 04, Dermatology & Venereology 01, General Surgery 02, Orthopedic 01, Ophthalmology 01, Obstetrics & Gynecology 01, Anesthesiology 02, Radio-Diagnostics 01.                          | 2,00,000/-                                     |
| 3          | Assistant<br>Professor           | 21                | Anatomy 02, Physiology 02, Biochemistry 01, Forensic Medicine 01, General Medicine 04, Pediatrics 03, Anesthesiology 01, Microbiology 01, General Surgery 04, Obstetrics & Gynecology 01, Radio-Diagnostics 01.                      | 1,15,000/-                                     |
| 4          | Assistant<br>Professor<br>(UHTC) | 01                | Community Medicine 01.   | 1,15,000/-                                     |
| 5          | Tutor                            | 16                | Physiology 02, Biochemistry 02, Pharmacology 02, Pathology 03, Microbiology 02, Forensic Medicine 02, Community Medicine 03.   | 1,00,000/-                                     |
| 6          | Tutor cum<br>LMO                 | 01                | Community Medicine 01.   | 1,00,000/-                                     |

| 7 | Senior<br>Resident | 14 | General Medicine 02, Pediatrics 03, General Surgery 02, Obstetrics & Gynecology 01, Dermatology & Venereology 01, Anesthesiology 02, Radio-diagnostics 03. | 1,10,000/- |
|---|--------------------|----|--|------------|
| 8 | Junior<br>Resident | 03 |  | 1,00,000/- |

<sup>\*</sup>For Teaching Posts, Eligibility as per latest amendment of NMC regulations.

## B) Non -Teaching Post Vacant Under NAMO Medical Education & Research Institute.

| Sr.<br>No. | Name of Post       | No. Of<br>Vacancy | Department            | Qualification  | Proposed<br>Consolidated<br>Salary<br>(In Rs.) |
|------------|--------------------|-------------------|-----------------------|--|--|
| 1          | Health<br>Educator | 02                | Community<br>Medicine | Degree in Health Education from Recognized Institute or its equivalent qualification with Three Years Experience.  Or Diploma in Heath Education in recognized Institute or its equivalent qualification with Five Years Experience. | 20,000/-                                       |

Eligible and desirous candidates may forward their applications in the prescribed format with one set of attested photocopies 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. Application to be sent on:

Address: Administrative office, NAMO Medical Education & Research Institute Campus, Opp. Maliba Petrolpump, Sayli Police Training School Road, Silvassa-396230.

#### 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 Administration reserves the right to terminate the selection process without assigning a reason.

Contact No: 7624092991

Website: www.dnh.gov.in &www.vbch.dnh.nic.in E-mail: medicalcollege.dnh1@gmail.com

> NAMO Medical Education & Research Institute Silvassa

#### **Application for Post of Teaching Staff**

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

| 1.         | Post Applied for                        |                    |                 |              |                 |            |
|------------|---|--------------------|-----------------|--------------|-----------------|------------|
| 1.         |   |                    |                 |              |                 |            |
|            | in (subject)                            |                    |                 |              |                 |            |
| 2.         | Name of candidate                       | (In Block Letters) |                 |              |                 |            |
|            | & Address (attested                     | copy of proof she  | ould be enclos  | ed)          |                 |            |
|            |   |                    |                 |              |                 |            |
|            |   |                    |                 |              |                 |            |
|            |   |                    |                 |              |                 |            |
|            |   |                    |                 |              |                 |            |
|            | Telephone No with                       | code (Phone)       |                 | ([           | vlobile)        |            |
|            | E-mail ID                               |                    |                 |              |                 |            |
| 3.         | Date of Birth:                          | (6                 | attested copy o | of valid pro | of should be en | closed)    |
| 4.         | Age (as on 18/06/2023): YearsMonthsDays |                    |                 |              |                 |            |
| 5.         | Sex: Male/Female                        |                    |                 |              |                 |            |
| 6.         | Date of appearance                      | in last NMC:       | Des             | ignation     |                 |            |
| 7.         | Language Known:                         |                    |                 |              |                 |            |
| 8.         | Marital Status:                         | Married            | Unmarried       |              |                 |            |
| 9.         | Educational Qualif                      | <u>ication</u>     | _               | _            | _               |            |
|            | Examination                             | Year of            | University      | Total        | Percentage      | For office |
| Sr.<br>No. |   | passing            |                 | Marks        | J               | use        |
| 1.         | Final MBBS<br>(Part II only)            |                    |                 |              |                 |            |
| 2.         | MD/MS/MDS                               |                    |                 |              |                 |            |

#### 10. Teaching Experience

MCH/DM

(Super Specialty)

3.

| Sr.  |                    |             | Total Period |    | Total Experience |      | For officer |
|------|--------------------|-------------|--------------|----|------------------|------|-------------|
| No.  | Held               | Institution | From         | То | Yrs              | Mths | use         |
|      |                    |             |              |    |                  |      | (Score)     |
|      |                    |             |              |    |                  |      |             |
|      |                    |             |              |    |                  |      |             |
|      |                    |             |              |    |                  |      |             |
|      |                    |             |              |    |                  |      |             |
|      |                    |             |              |    |                  |      |             |
| Tota | I Teaching Experie | ence-       |              |    |                  |      |             |
|      |                    |             |              |    |                  |      |             |

#### 11. Non Teaching Experience

| Sr.<br>No. | Designation | Organization | D    | uratio | n          | Nature of Duties |
|------------|-------------|--------------|------|--------|------------|------------------|
|            |             |              | From | То     | Total Exp. |                  |
|            |             |              |      |        |            |                  |
|            |             |              |      |        |            |                  |
|            |             |              |      |        |            |                  |

#### 12. Details of Research Publications:

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

| 13. Details of Medical/Dental Council Registra |
|--|
|--|

| Registration No:     | U.G | _ P.G |
|----------------------|-----|-------|
| •                    |     |       |
| Date of Registration | U.G | P.G   |
| · ·                  |     |       |
| Name of Council      | U.G | P.G   |

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

| Attested photocopies in following orders           | Please tick | Attested photocopies in following orders   | Please tick |
|--|-------------|--|-------------|
| (1) Birth Date certificate : School Leaving        |             | (6) Degree Certificate   |             |
| (2) Final MBBS/BDS Mark Sheet.                     |             | (7) Teaching/Non-Teaching Experience Certificate.                                  |             |
| (3) P.G. Marks Sheet                               |             | (8) Research Publication (both original and photocopy) with a proof of Indexation. |             |
| (4) MBBS/BDS; GMC/GDC<br>Registration Certificate. |             | (9) Copy of Aadhar Card  |             |
| (5) MS/MD/MDS-GMC/GDC Registration Certificate.    |             | (10) Domicile Certificate (For eligible Candidate)                                 |             |

#### **Undertaking**

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

| Place: | <br> | <br> |
|--------|------|------|
|        |      |      |
| Date:  |      | <br> |

#### **Signature of Applicant**

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

#### **Application for Post of Non-Teaching Staff**

# APPLICATION FORM UT OF DADRA & NAGAR HAVELI AND DAMAN & DIU DIRECTORATE OF MEDICAL & HEALTH SERVICES NAMO MEDICAL EDUCATION & RESEARCH INSTITUTE

| Name of Post applie | ed for   |
|---------------------|--|
| Name of candidate   | (in block letters)   |
| Address for commu   | nication:  |
|                     |  |
|                     | Mobile No  |
| E-mail address :    |  |
|                     | (attested copy of valid Proof should be enclosed) YearsMonthsDays        |
| Category            | : ST/ SC/ OBC / Others (attested copy of valid Proof should been closed) |
| Domicile of D&NH    | Dadra and Nagar Haveli should be enclosed)                               |
| I anguage Kn        | OWD.   |

#### **Educational Qualification:**

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

#### **Work Experience :**

| Sr.<br>No. | Designation | Organization | Duration |    | Nature of Duties |  |
|------------|-------------|--------------|----------|----|------------------|--|
|            |             |              | From     | То | Total<br>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.

| Data | • |
|------|---|
| Daic |   |

Place:

Signature of candidate

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