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

## No.DMHS/EST/Med.edu/staff/2022/347/3257-

Silvassa Date: 15/07/2024

#### ADVERTISEMENT

Directorate of Medical & Health Services, Dadra & Nagar Haveli and Daman & Diu,Silvassa is inviting <u>applications and conducting Walk-In-Interview on</u> <u>dated 23.07.2024</u> for below mentioned posts to be filled on Short term contract basis under NAMO Medical Education & Research Institute and Directorate of Medical & Health Services, Silvassa.

## A) Teaching posts vacant under NAMO Medical Education & Research Institute.

Sr. No.	Name of Post	No. Of Vacancy	Department	Consolidated Salary (Per Month)
1	Professor	10	Anatomy 01, Physiology 01, Biochemistry 01, Pharmacology 01, Forensic Medicine 01, General Medicine 01, Pediatrics 01, Tuberculosis & Respiratory disease 01, Oto-Rhino- Laryngology 01, Radio-Diagnostics 01.	Rs. 3,00,000/-
2	Associate Professor	15	Anatomy 01, Biochemistry 01, Forensic Medicine 01, Community Medicine 01, General Medicine 03, Dermatology & Venereology 01, Orthopedic 01, Oto-Rhino-Laryngology 01, Obstetrics & Gynecology 02, Anesthesiology 02, Radio- Diagnostics 01.	Rs.2,60,000/-
3	Assistant Professor	19	Anatomy 01, Physiology 02, Biochemistry 01, Pathology 01, Blood Bank 01, Forensic Medicine 01, General Medicine 03, Pediatrics 03,General Surgery 04, Anesthesiology 01, Radio- Diagnostics 01.	
4	Assistant Professor (UHTC)	01	Community Medicine 01.	Rs. 1,50,000/-
5	Epidemiolo gist cum Assistant Professor	01	Community Medicine 01.	
5	Tutor	19	Anatomy 02, Physiology 01, Biochemistry 02, Pharmacology 01, Pathology 05, Microbiology 03, Forensic Medicine 02, Community Medicine 03.	Rs. 1,00,000/-
6	Senior Resident	18	General Medicine 04, Pediatrics 03, Dermatology & Venereology 01, Psychiatry 01,General Surgery 05, Anesthesiology 01, Radio- diagnostics 03.	Rs. 1,10,000/-
7	Junior Resident	18		Rs. 1,00,000/-

\*For Teaching Posts, Eligibility as per latest amendment of NMC regulations.

Candidates willing to appear for Walk-In-Interview shall report in **Conference Hall**, 2<sup>nd</sup> **Floor of Collector Office**, **Silvassa**, **U.T. of Dadra & Nagar Haveli and Daman & Diuat 09:00 AM on** <u>dated 23.07.2024</u>. You are required to bring all original certificate for documents verification with one set of attested photocopy. *Details regarding eligibility, Recruitment rules, Salary details and the prescribed format of application are available on the official website:www.dnh.gov.in www.ybch.dnh.nic.in.* 

#### Note:

- 1. No TA/DA will be paid to the candidates for attending the interview.
- Application will be summarily rejected if found deviant from the prescribed format and required criteria without assigning any reason
- The Administration reserves the right to terminate the selection process without assigning a reason.
- 4. Residential Quarters will be provided as per availability and Designation.

## Application for the same can be sent before 23<sup>rd</sup> July 2024 to : For vacant posts under NAMO Medical Education & Research Institute (Medical College):

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

#### Contact No:7624092991

E-mail:medicalcollege.dnh1@gmail.com

#### (Chief Medical Officer) Medical & Health Service DNH&DD

## Application for Post of Teaching Staff

	DIRECTO NAMO MED	NAGAR HAV RATE OF MED ICAL EDUCAT	ION & RESEA	RCH INS	I, UT YICES TITUTE	
. Po	st Applied for					
in	(subject)			a a para na sa		
2. N	ame of candidate (In I	Block Letters)				
<u>۔</u> و	Address (attested co	py of proof sho	uld be enclose	d)		
			<u>.</u>			
				(N	Aobile)	
	Telephone No with co	de (Phone)				
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3.	E-mail ID	(ε	attested copy o	f valid proc	of should be en	
3.	E-mail ID	(ε	attested copy o	f valid proc	of should be en	
3. 4.	E-mail ID Date of Birth: Age (as on19/07/2024 Sex : Male/Female	4): Years	attested copy o	f valid proo	of should be en	
3. 4. 5.	E-mail ID Date of Birth: Age (as on19/07/2024 Sex : Male/Female	4): Years	attested copy o	f valid proo	of should be en	
3. 4. 5. 6.	E-mail ID Date of Birth: Age (as on19/07/2024 Sex :Male/Female Date of appearance i	4): Years(a n last NMC:	attested copy o .MonthsDes	f valid proo	of should be en	
3. 4. 5.	E-mail ID Date of Birth: Age (as on19/07/2024 Sex :Male/Female Date of appearance i Language Known:	4): Years(a n last NMC:	attested copy o .Months Des	f valid proo	of should be en	
3. 4. 5. 6.	E-mail ID Date of Birth: Age (as on19/07/2024 Sex :Male/Female Date of appearance i Language Known: Marital Status:	4): Years(a n last NMC: Married [	attested copy o .MonthsDes	f valid proo	of should be en	
3. 4. 5. 6. 7.	E-mail ID Date of Birth: Age (as on19/07/2024 Sex :Male/Female Date of appearance i Language Known: Marital Status: Educational Qualifi	4): Years(a n last NMC: Married [ <u>cation</u>	MonthsDes	f valid prod Days. ignation	of should be en	
3. 4. 5. 6. 7. 8	E-mail ID Date of Birth: Age (as on19/07/2024 Sex :Male/Female Date of appearance i Language Known: Marital Status: <u>Educational Qualifi</u> Examination	4): Years(a n last NMC: Married [	attested copy o .Months Des	f valid proo	of should be en	closed)
3. 4. 5. 6. 7. 8 9 9 <b>Sr.</b>	E-mail ID Date of Birth: Age (as on19/07/2024 Sex :Male/Female Date of appearance i Language Known: Marital Status: <u>Educational Qualifi</u> Examination Final MBBS	4): Years(a n last NMC: Married [ <u>cation</u> Year of	MonthsDes	f valid prod Days. ignation	of should be en	closed)
3. 4. 5. 6. 7 8 9 9 <b>Sr.</b> <b>No.</b>	E-mail ID Date of Birth: Age (as on19/07/2024 Sex :Male/Female Date of appearance i Language Known: Marital Status: <u>Educational Qualifi</u> Examination	4): Years(a n last NMC: Married [ <u>cation</u> Year of	MonthsDes	f valid prod Days. ignation	of should be en	closed)

Sr.	<b>Teaching Post</b>	Name of	Total Period		Total Experience		For officer
No.	Held	Institution	From	То	Yrs	Mths	use (Score)
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Tota	I Teaching Experi	ience-	]				

# 11. Non Teaching Experience

11.		on Organization	Duration			Nature of Duties
Sr. No.	Designation		From	То	Total Exp.	

# Details of Research Publications:

12. Details of Research Publications. Name of Whe				Whether journal is	For office use only
State/National/ International	No. of Paper Published	Year of Publication	Journal	Indexed (Yes/No)	<b>USC C</b> ,
Journals					
	-				

# 13. Details of Medical/Dental Council Registration:

		P.G
Registration No:	U.G	PG
Date of Registration	U.G	P.0
	U.G.	P.G
Name of Council	0.0	, and or)

<u>Check list of Enclosures (attached photocopies: in following order)</u>

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

#### <u>Undertaking</u>

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

For office

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