

**Rogi Kalyan Samiti**  
**Office of the Member Secretary (RKS)**  
**NAMO Hospital**

No. MS/NH/RKS/VISITING/SPECIALIST/2025/41/ 857

Silvassa  
Date: 19/5/2026

**ADVERTISEMENT**

Rogi Kalyan Samiti invites applications from eligible candidates for below mentioned posts to be filled on Short term contract basis under NAMO Hospital, Silvassa. The application should reach the undersigned on or before 01/06/2026.

1.	Name of the post	Ayurvedic Consultant
2.	No. of Post	01
3.	Period of contract	Two weeks per month. The contract may be terminated before contract duration or extended further based on work performance.
4.	Qualification specialized or Knowledge Experience required.	<b>Essential Qualification:</b> i. Bachelor of Ayurvedic Medicine and Surgery (B.A.M.S.) ii. Doctor of Medicine (Ay.) <b>Experience:</b> Minimum 10 years of professional experience in reputed Hospitals, Healthcare Organizations/Centres, or Ayurvedic Institutions, with expertise in clinical practice, patient care, and integrative healthcare services.
5.	Remuneration.	Rs. 50,000/-
6.	Scope of work	<ul style="list-style-type: none"><li>• Provide consultation and treatment services in OPD and IPD in accordance with Ayurvedic principles and practices;</li><li>• Enhance the delivery of holistic and patient-centric healthcare services;</li><li>• Promote preventive healthcare, wellness, and lifestyle-based practices;</li><li>• Improve patient satisfaction, treatment outcomes, and overall quality of life;</li><li>• Support integrative healthcare initiatives in coordination with other medical departments;</li><li>• Advise patients on Ayurvedic therapies, diet, and lifestyle management; and contribute towards institutional and national healthcare objectives through quality Ayurvedic care and services.</li></ul>
7.	Other Terms and Conditions	<ul style="list-style-type: none"><li>• The engagement of the Ayurvedic Consultant will be purely on Short term contract basis</li><li>• The Department may terminate the engagement of Ayurvedic Consultant in case s/he is unable to achieve the assigned works within the time-frame, the work assigned to him is not satisfactory to the Department and/or found lacking in honesty and integrity.</li><li>• Department shall also reserve the right to terminate the service of Ayurvedic Consultant at any time.</li></ul>

Eligible and desirous candidates may forward their applications in the prescribed format (download from website) to the **Office of the Member Secretary (RKS), NAMO Hospital, 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](http://www.dnh.gov.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 Member Secretary (RKS), NAMO Hospital, Silvassa reserves the right to terminate the selection process without assigning a reason.

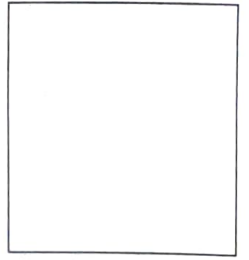
Contact No. **(0260) 2642940**

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

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

  
**Member Secretary**  
Rogi Kalyan Samiti  
NAMO Hospital, Silvassa

APPLICATION FORM  
ROGI KALYAN SAMITI  
OFFICE OF THE MEMBER SECRETARY  
NAMO 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 18/5/2026) 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:

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