

**Administration of  
Dadra & Nagar Haveli and Daman & Diu, U.T.,  
Directorate of Medical & Health Services  
(Ayushman Bharat-Pradhan Mantri Jan Aarogaya Yojana)**

No.DMHS/AB-NHPM/StaffRecruitment/2018/548/253

Silvassa  
Date: 15/03/2024

**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 Ayushman Bharat-Pradhan Mantri Jan Aarogaya Yojana. The application should reach the undersigned on or before 23/03/2024.

Sr. No.	Name of Post	No. of Vacancy	Age	Qualification	Consolidated Salary per month
1	Medical Management & Quality Manager and Beneficiary Verification Manager for Claim Management	01 (DNH & DD)	Not Exceeding 45 years	i) BDS/BAMS/BHMS from a recognized College ii) MBA in Hospital Administration/Healthcare Management iii) Experience related to Health Care Insurance for 02 years	Rs. 70,000/-
2	Operations Manager (s)/ Monitoring & Evaluation Manager/Manager Policy	01 (DNH & DD)	Not Exceeding 45 years	i. MBA or Postgraduate Diploma in Business Administration or MBA (Healthcare) or master of Health Administration or Public Health or Similar equivalent degree/diploma; Medical degree will be of additional advantage ii. Atleast 03 years experience in the Administration of large public sector programmes (preferably health projects), out of which preferably at least 02 years in managing Health Insurance or TPA	Rs. 50,000/-

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 and Daman & Diu, Silvassa-396230** before \_\_\_\_\_, 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) or [www.vbch.dnh.nic.in](http://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. :** (0260) 2642940

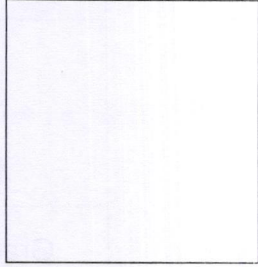
**Website:** [www.dnh.gov.in](http://www.dnh.gov.in) & [www.vbch.dnh.nic.in](http://www.vbch.dnh.nic.in)

**E-mail:** AB-PMJAY - [abpmjaydnhdd@gmail.com](mailto:abpmjaydnhdd@gmail.com)



**(Dr. V.K. Das)**  
Addl.CEO (AB-PMJAY)

APPLICATION FORM  
DIRECTORATE OF MEDICAL & HEALTH SERVICES  
UT OF DADRA & NAGAR HAVELI AND DAMAN & DIU  
(AYUSHMAN BHARAT-PRADHAN MANTRI JAN AAROGAYA YOJANA)



Name of Post applied for.....

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

Father's name: .....

Address for communication:

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

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

E-mail address : .....

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

Age (as on / /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:**

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