

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

No.DMHS/EST/Med.edu/staff/2022/347/3134

Silvassa  
Date: 17/04/2023

**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 01/05/2023.

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

Sr. No.	Name of Post	No. Of Vacancy	Department	Proposed Consolidated Salary (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 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 Professor	17	Anatomy 02, Physiology 02, Biochemistry 01, Forensic Medicine 01, General Medicine 03, Pediatrics 03, General Surgery 03, Obstetrics & Gynecology 01, Radio-Diagnostics 01.	1,15,000/-
4	Tutor	15	Physiology 02, Biochemistry 02, Pharmacology 01, Pathology 03, Microbiology 02, Forensic Medicine 02, Community Medicine 03.	1,00,000/-
5	Senior Resident	16	General Medicine 02, Pediatrics 03, Dermatology 01, General Surgery 03, Orthopedic 01, Obstetrics & Gynecology 01, Anesthesiology 02, Radio-diagnostics 03.	1,10,000/-
6	Junior Resident	05	-----	1,00,000/-

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

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

Sr. No.	Name of Post	No. Of Vacancy	Department	Qualification	Proposed Consolidated Salary (In Rs.)
1	Health Educator	02	Community Medicine	<b>Essentials:</b> Degree in Health Education from Recognized Institute or its equivalent qualification with Three Years Experience. Or Diploma in Health 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](http://www.dnh.gov.in) or [www.vbch.dnh.nic.in](http://www.vbch.dnh.nic.in).* Application to be sent on:

Address: **NAMO Medical Education & Research Institute, SSR College Campus, Sayli, Silvassa-396230.**

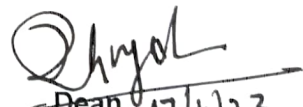
**Note:**

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

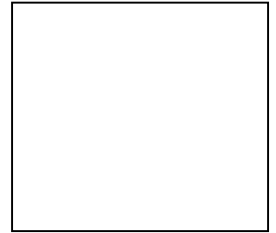
**Website:** [www.dnh.gov.in](http://www.dnh.gov.in) & [www.vbch.dnh.nic.in](http://www.vbch.dnh.nic.in)

**E-mail:** [medicalcollege.dnh1@gmail.com](mailto:medicalcollege.dnh1@gmail.com)

  
-Dean 17/4/23  
**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.....  
in (subject).....
2. Name of candidate (In Block Letters) .....  
& Address (attested copy of proof should be enclosed)  
.....  
.....  
.....  
Telephone No with code (Phone).....(Mobile) .....  
E-mail ID.....
3. Date of Birth: .....(attested copy of valid proof should be enclosed)
4. Age (as on 16/04/2023): Years.....Months.....Days.....
5. Sex :            Male/Female
6. Date of appearance in last NMC:.....Designation.....
7. Language Known: .....
8. Marital Status:            Married     Unmarried
9. **Educational Qualification**

Sr. No.	Examination	Year of passing	University	Total Marks	Percentage	For office use
1.	Final MBBS (Part II only)					
2.	MD/MS/MDS					
3.	MCH/DM (Super Specialty)					

**10. Teaching Experience**

Sr. No.	Teaching Post Held	Name of Institution	Total Period		Total Experience		For officer use (Score)
			From	To	Yrs	Mths	
<b>Total Teaching Experience-</b>							

### 11. Non Teaching Experience

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

### 12. Details of Research Publications:

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

### 13. Details of Medical/Dental Council Registration:

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) <b>with a proof of Indexation.</b>	
(4) MBBS/BDS; GMC/GDC 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 Information is found to be false; I am bound to obey the decision of selection committee.

Place: \_\_\_\_\_

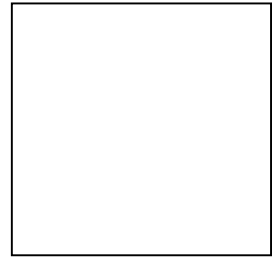
Date: \_\_\_\_\_

### **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 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 16/04/2023)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 :**

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

**Work Experience :**

<b>Sr. No.</b>	<b>Designation</b>	<b>Organization</b>	<b>Duration</b>			<b>Nature of Duties</b>
			<b>From</b>	<b>To</b>	<b>Total Exp.</b>	

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