

Administration of Daman & Diu,
Directorate of Medical & Health Services, Primary Health Centre, Daman 396 220.

ADVERTISEMENT

Application are invited for filling up the following posts in the Directorate of Medical & Health Services, U. T Administration of Daman & Diu from the eligible candidates who possess the required Educational Qualification and experience as shown below:-

Sr. No.	Name of the Post and Pay Band + GP	No of post	Educational Qualification	Age limit
1.	X-Ray Technician PB-1 Rs. 5200-20200 (GP-2400)	02 (01 U.R. & 01 OBC.)	Essential:- 1.H.S.S.C passed with Science subject. 2.Sucessful completion of course of X-Ray Technician/Radiographer from a recognised institution. 3.Experience of one year as X-Ray Technician/Radiographer. Desirable:- Knowledge of local language.	Age : Not exceeding 30 years (Relax able for Govt. Servant upto 5 years)
2.	Laboratory Technician PB-1 Rs. 5200-20200 (GP-2400)	01(ST)	Essential: 1.H.S.S.C passed with Science Subject. 2.Successful completion of Diploma in Medical Lab.Technician Course from the recognized institution. Desirable: Knowledge of local language	Age : Not exceeding 30 years (Relax able for Govt. Servant upto 5 years)

The candidates should submit applications in prescribed Format with latest photograph attested by a Gazetted Officer giving full details regarding Educational and other Qualification, Date of Birth, Experience etc. accompanied with attested copies of each certificate so as to reach the office of the Director, Directorate of Medical & Health Services, Primary Health Centre, Moti Daman 396 220 on or before **22/01/2013** (The application can also be download from www.daman.nic.in). The applications received with requisite documents as stated above shall only be taken into consideration and if received within the stipulated time. No correspondence will be entertained as regards incomplete/time barred applications.

Application form attached.

(Dr. K. Y. Sultan)

Director, Medical & Health Services,
Daman & Diu, Daman

APPLICATION FOR THE POST OF X-Ray Technician/Lab.Technician

1. Applicant Name(in English in Block Letter):- _____
2. Father's Name (in Block Letter):- _____
3. Residential Address :- _____
4. Date of Birth:- _____
5. Gender _____
6. Nationality:- _____
7. Age as on normal closing date _____
8. Whether SC/ST/OBC/PH/Ex-Serviceman:- _____
9. Educational Qualification:- _____

Affix your
photograph
here

Name of the Exam	Board / University	Year of Passing	No. of Attempt	Percentage	Class (Distinction, 1 st class, 2 nd class Pass Class etc).

10. Experience if any

Name of Organization	Designation	Nature of duty	Period of Service	
			From	To

11. Address: Write your complete communication address including your name in English capital letter with blue or black Ball Pen.

Name :

Address:

Mobile No.

12. Declaration:

1. I declare that I fulfill all the conditions of eligibility regarding age limit, Educational Qualification, Experience etc.
2. I declare that all statements made in this application form are true and complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found suppressed/ false or incorrect or ineligibility being detected before or after the examination my candidature/appointment is liable to be cancelled.

Dated :

(Signature of the Candidate)

Note: Application without Attested Photo Copy of Educational/Birth/Experience certificate shall be rejected summarily. Unsigned application will be rejected.