## File No.DMN-HLTH0COR(GEN)/237/2019-GOVT HOSPITAL MARWAD

### UT Administration of Daman & Diu Office of the Medical Superintendent, Rogi Kalyan Samiti, Government Hospital, Daman

No.GHD/DMN/RKS/interview/18-19/ 1931

Dtd: 06/12/2019

### **ADVERTISEMENT**

Rogi Kalyan Samiti, Government Hospital, Daman invites applications from eligible candidates for below mentioned posts to be filled on Short Term Contract Basis under Rogi Kalyan Samiti, Government Hospital, Daman. The application should reach the undersigned on or before \$\int\_{\mathcal{G}} 1\frac{1}{2} 2019\$

No.	Name of Post	No. of Vacancy	Age	Qualification	Consolidated Salary							
	UNDER ROGI KALYAN SAMITI											
	Ayushman Mitra	02	Not exceeding 30 years		Rs. 8,421/- per month							

Eligible and desirous candidates may forward their application in prescribed format (download form website **www.daman.nic.in**) to the office of the Medical Superintendent, Government Hospital, Daman – 396210, with one set of attested photocopies of educational qualification and experience certificate. The application will be scrutinized by Department Selection Committee. The Candidates will be shortlisted based on selection criteria. Shortlisted candidates will be called for interview.

#### Note:-

- 1. Candidates holding Domicile Certificate of Daman & Diu will be given preference.
- 2. Only those candidates who are eligible will be contacted for interview.
- ${\bf 3.}$  No TA/DA will be paid to the candidates for attending the interview.
- 4. Application will be summarily rejected if found deviant from prescribed format and required criteria without assigning any reason.
- 5. Member Secretary, Rogi Kalyan Samiti, Government Hospital, Daman reserves the right to terminate the selection process without assigning a reason.



(Dr. Shailesh Arlekar) Member Secretary, RKS Government Hospital, Daman

# APPLICATION FORM ROGI KALYAN SAMITI, GOVERNMENT HOSPITAL, DAMAN

Nam	e of post a	pplied for:					•					
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Date	of birth		(atte	sted copy of	f valid Proc	of should be	e enclosed)					
Age	as on /12	/2019) Yea	r M	onth	Days		-					
Cate	gory: ST/SC	C/OBC (atte	ested copy of valid	l proof shou	ld be been	closed)						
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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 undersigned 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.