

Administration of  
Dadra & Nagar Haveli, UT  
Directorate of Medical & Health Services  
Shri Vinoba Bhave Civil Hospital

No.DMHS/EST/MC/RECRUIT/2018/599/ 6230

Date: 18/08/2018

**ADVERTISEMENT**

Directorate of Medical & Health Services, Dadra and Nagar Haveli is conducting walk-in-interview on 27/08/2018 at 03.00 PM for the eligible candidates for below mentioned post to be filled on Short term contract basis under Medical College at Silvassa, Dadra & Nagar Haveli, Silvassa.


Sr. No.	Name of Post	No. of Vacancy	Qualification	Consolidated Salary per month
1	Dean	01	1. Postgraduate Medical Qualification and other academic qualification from a recognized institution/university with a minimum of ten years professor/Associate Professor/Reader in a medical college/Institute. 2. Out of which five years should be as Professor in a department, Preference for these appointment may be given to the Heads of the Departments	Rs. 2,02,848/-

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, Silvassa-396230**, with one set of attested photocopy of educational qualification and experience certificate.

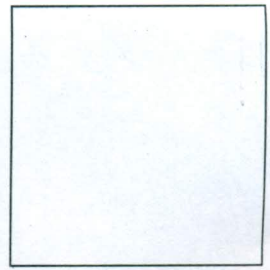
**Note:**

1. No TA/DA will be paid to the candidates for attending the interview.
2. The Director, Medical & Health Services, DNH reserves the right to terminate the selection process without assigning a reason.

Contact No. (0260) 2642940/2630102  
Website: [www.dnh.nic.in](http://www.dnh.nic.in) &  
[www.vbch.dnh.nic.in](http://www.vbch.dnh.nic.in)  
E-mail: [est.dmhs@gmail.com](mailto:est.dmhs@gmail.com)

  
(Dr. V.K. Das)  
Director(M&HS)

APPLICATION FORM  
DIRECTORATE OF MEDICAL & HEALTH SERVICES  
SHRI VINOBA BHAVE CIVIL HOSPITAL, SILVASSA  
UT OF DADRA AND NAGAR HAVELI



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 18/08/2018) Years..... Months .....Days.....

Category : ST/ SC/ OBC / Others (attested copy of valid Proof should be closed)

Domicile of D&NH : Yes / No. (attested copy of Domicile Certificate issued by Mamlatdar,  
Dadra and Nagar Haveli should be enclosed)

Language Known : .....

