

**Rogi Kalyan Samiti**  
**Office of the Member Secretary (RKS)**  
**Shri Vinoba Bhave Civil Hospital**

No.MS/RKS/VBCH/2015/82/ १४

Silvassa

Date: 24/02/2021

**ADVERTISEMENT**

Rogi Kalyan Samiti invites application from eligible candidates for below mentioned posts to be filled on Short term contract basis under Shri Vinoba Bhave Civil Hospital, Dadra & Nagar Haveli, Silvassa. The application should reach the undersigned on or before **08/03/2021**.

Sr. No.	Name of Post	No. of Vacancy	Age	Qualification	Consolidated Salary (In Rs.) per month
1	Operations Manager	03	Not Exceeding 35 years	Master in Health/Hospital Administration/PG Diploma in Health/Hospital Administration. Four years experience in a reputed hospital	50,000/-
2	Staff Nurse	1	Not Exceeding 30 years	1. HSC (Science) or equivalent 2. General Nursing & Midwifery from a recognized Institute / University 3. Should be registered with the Indian Nursing Council	20,000/-
3	Dialysis Technician	1	Not Exceeding 27 years	1. HSC (Science) from a recognized board or University 2. Diploma Certificate course in Dialysis Technician.	18,900/-
4	Eye Bank Technician	1	Not Exceeding 27 years	1. HSC (Science) or Equivalent 2. Degree or Diploma in Eye Bank Technician or Ophthalmic Assistant Optometry	17,000/-
5	Pharmacist	1	Not Exceeding 27 years	1. Two years Diploma course of Pharmacy from a recognized Pharmacy Institute and registered in recognized pharmacy council	17,000/-
6	LDC	1	Not Exceeding 27 years	1. Graduate with 01 Year experience in the field 2. Typing speed of 35wpm in English & knowledge of computers	15,500/-
7	Nursing Orderly	2	Not Exceeding 27 years	1. Matriculation (Std. 10th Pass or Equivalent) 2. One year experience in a reputed Hospital with knowledge of first Aid.	13,000/-
8	Multitasking Staff	1	Not Exceeding 27 years	1. Matriculation (Std. 10th Pass or Equivalent) 2. One year experience in a reputed Hospital.	9702/-

Eligible and desirous candidates may forward their applications in the prescribed format (download from website) to the **Office of the Member Secretary (RKS), Shri Vinoba Bhave Civil Hospital, Silvassa -396230**, 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)*

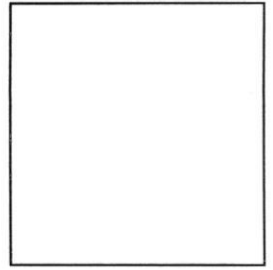
**Note:**

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 Member Secretary (RKS), Shri Vinoba Bhave Civil Hospital, Silvassa 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:  
[silvassarogikalyansamiti@gmail.com](mailto:silvassarogikalyansamiti@gmail.com)

  
**(Dr. V.K. Das)**  
Member Secretary (RKS)

APPLICATION FORM  
ROGI KALYAN SAMITI  
OFFICE OF THE MEMBER SECRETARY  
SHRI VINOBA BHAVE CIVIL HOSPITAL  
UT OF DADRA & NAGAR HAVELI AND DAMAN & DIU



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 23/02/2021) 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,

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