

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

No.DMHS/CON/2022/11

Date: 4/01/2022

ADVERTISEMENT

Directorate, Medical Health Services, Dadra and Nagar Haveli, Silvassa invites applications from eligible candidates for below mentioned post to be filled on short term contract basis in Shri Vinoba Bhave College of Nursing. The applications should reach the undersigned on or before 17/01/2022.

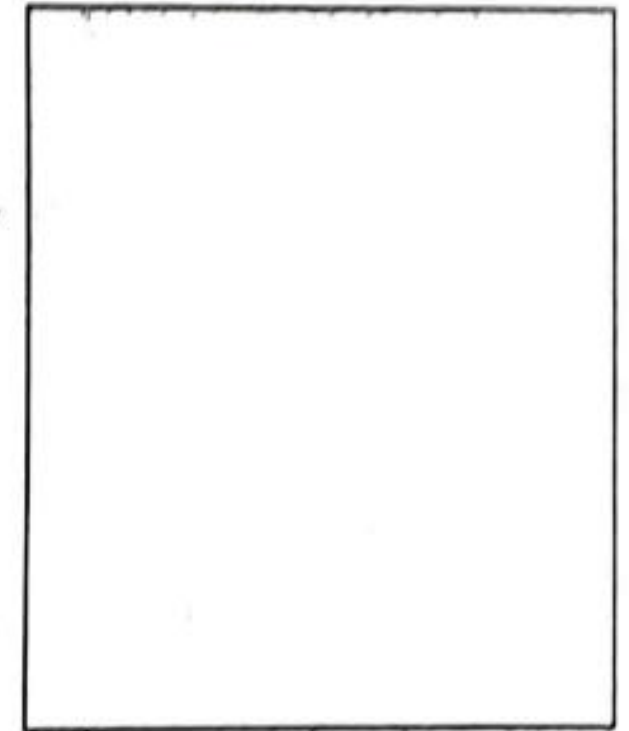
Name of Post & Group	No. of vacancy	Age	Qualification	Consolidated Salary per month
Sister Tutor	02	Not exceeding 35 years	M.Sc (N) or B.Sc. (N) / P.B.B.Sc (N) with 01 year experience.	Rs.50,700/- per month

Eligible and desirous candidates may forward their applications to the department with one set of attested photocopy of educational qualifications and experience in the Office of Directorate, Medical & Health Services, DNH, Silvassa. No.TA/DA will be paid to the candidates for attending the interview.

Contact No. (0260) 2642940/2630102
Website: dnh.gov.in & vbch.dnh.nic.in
E-mail: principalsvbch.sil@gmail.com


Director
Medical & Health Services
Dadra & Nagar Haveli
Silvassa

APPLICATION FORM
DIRECTORATE OF MEDICAL & HEALTH SERVICES
UT OF DADRA AND NAGAR HAVELI AND DADRA & DIU
(Shri Vinoba Bhave College of Nursing)



Name of Post applied for.....

Name of candidate (in block letters)

Father's name:

Address for communication:

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Phone no. : Mobile No.....

E_mail address :

Date of birth:(attested copy of valid Proof should be enclosed)

Age (as on 03/01 /2022) Years..... Months Days.....

Category : ST/ SC/ O BC / 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:

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