

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

No.MS/RKS/VBCH/2015/82 /1407

Silvassa
Date 5/09/2022

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 and Daman & Diu, Silvassa. The application should reach the undersigned on or before 29/09/2022.

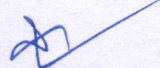
Sr. No.	Name of posts	No. of post	Age	Qualification	Consolidated Salary (per month)
1	LDC (Anticipated)	01	Not Exceeding 27 years	1. Graduate from recognized Institute/University 2. Thorough knowledge of English speaking and writing. 3. Basic Knowledge in Computer 4. One year experience	₹.15,500/-
2	Multitasking Staff	01	Not Exceeding 30 years	1. Matriculation (Std. 10th pass or equivalent) 2. One year experience in a reputed hospital	₹.11,000/-

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 or www.vbch.dnh.nic.in

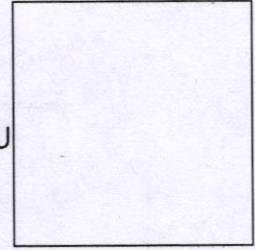
Note:

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 & www.vbch.dnh.nic.in
E-mail: 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.....

Email Address:

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

Age (as on 15/09/2022) 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,
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