

**U.T. Administration of Daman and Diu,
Directorate of Medical and Health Services,
Community Health Centre Campus, Moti Daman – 396 220**

APPLICATION FORM

Affix Latest photograph

1.	Name of post applied for	
2.	Name of candidate (in block letters)	
3.	Father's / Husband Name	
4.	Full Address	
5.	Phone No.	
	Mobile No.	
6.	Email address	
7.	Date of Birth (attested copy of valid proof should be enclosed)	
	Age (as on 20/06/2019)	Years Months Days
8.	Category (attested copy of valid proof should be enclosed)	SC / ST / OBC / Others
9.	Domicile (attested copy of Domicile Certificate issued by Mamlatdar, Daman / Diu should be enclosed)	Daman / Diu / Other
10.	Language known	
11.	Marital status	

12. Educational qualification :

Qualification	Name of college	Board / University	Stream / Specialization	Year of passing	Percentage
S.S.C.					
H.S.C.					
Diploma in					
Degree in					
Any other (please specify)					

13. Work experience

Sr. No.	Designation	Name of organization	Period			Nature of duties
			From	To	Total experience	

14. Details of registration with Medical Council :

15. Any other relevant information :

Declaration :

I, declare that I fulfill all the conditions of eligibility regarding age limit, educational qualification.

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

Note :

- Unsigned application will be rejected.
- Attested copies of relevant certificate / documents should be attached with application form.