

UNION TERRITORY ADMINISTRATION OF DADRA & NAGAR HAVELI
DIRECTORATE OF MEDICAL & HEALTH SERVICES
SILVASSA.
e-mail: svbch.sil@gmail.com

No.DMHS/EST/2012-13/313/4138

Dated: 05/11/2014

ADVERTISEMENT

Applications are invited for filling up of post of **District Extension Educator** in the Administration of Dadra and Nagar Haveli as under:

Sr. No.	Name of the Post & Pay Scale	No. of Post	Educational Qualifications	Age Limit	Reservation
1.	District Extension Educator (DEE) PB-1 `5200-20200 + GP `2800	1 (one)	Graduate with at least one year experience in community health services	30 years	Existing 01

The candidates should submit applications giving full details regarding Educational and other Qualifications, Date of Birth, Experience, etc. accompanied with self attested copies of each certificate so as to reach the **Directorate of Medical & Health Services** within a period of (30) Thirty days from the date of publication of this Advertisement. The candidates claiming SC / ST / OBC shall be required to furnish a self attested copy of certificate issued by Competent Authority that he / she belongs to SC / ST / OBC community along with his / her applications.

Any Indian citizen can apply for the post. However, applicant having domicile of Dadra & Nagar Haveli shall be given weightage in accordance with O.M. No.1-12(B-54)/2012-ADM/1261 dated 26-12-2013 subject to him / her producing Domicile Certificate issued by Mamlatdar, Silvassa / Khanvel. **Applications received in the prescribed proforma with requisite documents as stated above shall only be taken into consideration if received within the stipulated time.** No correspondence will be entertained as regards incomplete / time barred applications. The application format can be downloaded from www.dnh.nic.in and www.vbch.dnh.nic.in

Sd/-
Director,
Medical & Health Services,
Dadra & Nagar Haveli
Silvassa

To

The Director (IT), DNH for uploading in DNH Administration Website.

**APPLICATION FOR THE POST OF
District Extension Educator (DEE)
Administration of Dadra & Nagar Haveli
Directorate of Medical & Health Services
Silvassa**

Paste recent
Passport size
Photograph duly
Self Attested

- 1 Applicant's Name (in Block Letter) : _____
- 2 Father's Name (in Block Letter) : _____
- 3 Residential Address : _____
: _____
: Mobile No: _____
- 4 Date of Birth (DD / MM / YYYY) : _____ Age: _____
- 5 Gender : _____
- 6 Whether SC / ST / OBC / PH : _____
- 7 Domicile of Dadra & Nagar Haveli : (Yes /No)

8 Educational Qualification

Sr. No.	Board / University	Year of passing	Percentage

9 Information / documents regarding Educational and other Qualifications: (✓ as appropriate)

i. Essential:

ii. Desirable:

10 Experience, if any

Name of Organisation	Designation	Nature of Duty	Period of Service		Year of experience
			From	To	

Declaration:

I, declare that I fulfill all the conditions of eligibility regarding age limit and Education Qualification, Experience etc., for the post of **District Extension Educator**.

I declare that all statements made in this application form are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found suppressed / false or incorrect or ineligibility being detected before or after the examination, my candidature / appointment is liable to be cancelled.

Dated:

(Signature of Candidate)

Unsigned application will be rejected

Note : Attach self attested copy of Birth / Educational / Experience Certificate / Caste Certificate (if relevant), Domicile Certificate (if of Dadra & Nagar Haveli), Physically Handicapped Certificate (if relevant) failing which the application will be summarily rejected.

