U. T. ADMINISTRATION OF
DADRA & NAGAR HAVELI AND DAMAN & DIU
DEPARTMENT OF HEALTH & FAMILY WELFARE
O/o. THE MEDICAL SUPERINTENDENT
NAMO HOSPITAL, DAMAN – 396 210
Email: damannamohospital@gmail.com

No. NAMO/DMN/RKS/Advertisement/2026-27/ 2425 Dated: 05.11.2026

ADVERTISEMENT

The Rogi Kalyan Samiti, Government Hospital, Daman, invites applications from eligible candidates for the Walk-in Interview for filling up the below-mentioned posts on a Short-Term Contract (STC) basis for a period of six months under Rogi Kalyan Samiti, Government Hospital, Daman. The application should reach the undersigned on or before **16/11/2026 by 12:00 PM.**

Sr. No.	Particulars	Details
1.	Name of the Post	Hospital Manager
2.	Number of Vacancies	01
3.	Essential Qualifications	1. MBBS / BDS graduate with a Master's degree in Hospital Administration / MPH in Public Health Management. 2. Minimum three (03) years of relevant experience in hospital administration, healthcare management or hospital operations. 3. Proficiency in English, computer literacy, and knowledge of applicable Government rules, legislation, policies and healthcare regulations.
4.	Desirable Qualifications/Experience	1. Training and experience in the implementation of JCI/NABH/NQAS accreditation or certification requirements in recognized hospitals. 2. Two letters of recommendation from previously employed institutions.
5.	Nature of Engagement	Short-Term Contract (STC) basis.
6.	Consolidated Remuneration	₹50,000/- per month, plus performance-based incentive of up to ₹25,000/- per month, subject to the prescribed performance assessment criteria and approval of the competent authority.

eligible and desirous candidate may forward their application in prescribed format available for website www.ddd.gov.in to the Member Secretary (GB), Rogi Kalyan Samiti, Govt. Hospital, Daman Office of the Medical Superintendent, NAMO. Hospital, Daman, Nani Daman – 396210 with one set of self attested photocopy of education qualification, registration certificate and experience certificate, and other relevant documents. Application may also be sent via email to damannamohospital@gmail.com etc.

Person who has been previously terminated from any Government Organization shall not be considered. All eligible qualifications, Master / Degree / Diploma must be from a recognized university / college by Govt. of India.

Note:-

1. Candidates holding Domicile Certificate of Daman & Diu will be given preference.
2. No TA/DA will be paid to the candidates for attending the interview.
3. Application will be summarily rejected if found deviant from prescribed format and required criteria without assigning any reason.
4. Member Secretary, Rogi Kalyan Samiti, Government Hospital, Daman reserves the right to terminate the selection process without assigning a reason.
5. Selection committee reserve right to relax the criteria if otherwise found fit for selection of candidates.
6. Only those candidates who are eligible will be called for interview Contact No. 0260 – 2254266 / 2254965.

Member Secretary (GB),
Rogi Kalyan Samiti,
NAMO Hospital, Daman

संघ प्रदेश दादरा नगर हवेली एवं दमण एवं दीव प्रशासन

U. T. Administration of Dadra Nagar Haveli and Daman & Diu,
सदस्य सचिव (शासी निकाय) / O/o. The Member Secretary (Governing Body),
रोगी कल्याण समिति / Rogi Kalyan Samiti,
सरकारी अस्पताल, मरवड, दमण / Government Hospital, Marwad, Daman.
PH.NO.0260-2254266, E-MAIL ID: ghddmn@gmail.com

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APPLICATION FORM

1.	**Name of post applied for**	
2.	**Name of candidate (in block letters)**	
3.	**Father's / Husband Name**	
4.	**Full Address**	
5.	**Mobile No.**	
	Phone No.	
6.	**Email address**	
7.	**Date of Birth** (attested copy of valid proof should be enclosed)	
	Age (as on November 2026)	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 / DNH should be enclosed)	Daman / Diu / DNH / Other
10.	**Language known**	
11.	**Marital status**	

12. **Educational qualification :**

Qualification	Name of college / school	Board / University	Stream / Specialization	Year of passing	Percentage
S.S.C.					
H.S.C.					
MBBS					
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 / any other council (Please attached photocopy of relevant document) :

15. Any other relevant information :

Declaration :

I, declare that I fulfil 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.
- Please tick "x" on information which is not applicable for the post.