

**APPLICATION FOR THE POST OF
ECG Technician
Administration of Dadra & Nagar Haveli
Directorate of Medical & Health Services
Silvassa**

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| 1 | Applicant's Name (in Block Letters) | _____ (FIRST NAME) (SURNAME) | | | | | | | | | | | | | | | | | | | | | |
| 2 | Father's/Husband's Name (in Block Letters) | _____ (FIRST NAME) (SURNAME) | | | | | | | | | | | | | | | | | | | | | |
| 3 | Residential Address for correspondence (in Block Letters) | _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | |
| 4 | Mobile Number (Enter 10 digit mobile number without "0" in the prefix) | <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%; height: 20px;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | |
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| (Tick ✓ in the below boxes as applicable) | | | | | | | | | | | | | | | | | | | | | | | |
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| 9 | Whether belongs to Physically Handicapped category or other special category | <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">YES</td><td style="width: 25%;"> </td> <td style="width: 25%;">NO</td><td style="width: 25%;"> </td> </tr> </table> | | YES | | NO | | | | | | | | | | | | | | | | | |
| YES | | NO | | | | | | | | | | | | | | | | | | | | | |
| 10 | Whether availing age relaxation as per DNH Circular. (Only for employees working on Daily wages/Ad-hoc/Contract/Workcharged basis in the UT of Dadra & Nagar Haveli) | <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">YES</td><td style="width: 25%;"> </td> <td style="width: 25%;">NO</td><td style="width: 25%;"> </td> </tr> </table> | | YES | | NO | | | | | | | | | | | | | | | | | |
| YES | | NO | | | | | | | | | | | | | | | | | | | | | |
| 11 | Domicile of Dadra & Nagar Haveli | <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">YES</td><td style="width: 25%;"> </td> <td style="width: 25%;">NO</td><td style="width: 25%;"> </td> </tr> </table> | | YES | | NO | | | | | | | | | | | | | | | | | |
| YES | | NO | | | | | | | | | | | | | | | | | | | | | |
| 12 | Educational Qualification | | | | | | | | | | | | | | | | | | | | | | |
| Qualifications as per the existing notified Recruitment | | Board / University | Year of passing | Percentage | | | | | | | | | | | | | | | | | | | |

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| Rules for the post. | | | |
| i) H.Sc or equivalent | | | |
| ii) General Nursing & Midwifery | | | |
| iii) Should be registered with the Nursing Council | | | |

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

| | | |
|--------------|--|--------------------------|
| i. Essential | i) H.Sc or equivalent | <input type="checkbox"/> |
| | ii) General Nursing & Midwifery | <input type="checkbox"/> |
| | iii) Should be registered with the Nursing Council | <input type="checkbox"/> |

13 (b) Information regarding Knowledge of Information & Communication Technology Qualification:-

| Sr.No | ✓ ICT Qualification (in the next column as applicable) | |
|-------|--|--|
| 1. | Has studied and passed Computer Science/Information Technology as a subject at std.12 th level or at any higher level or BCC or any higher level course of NIELIT | |
| 1 | CCC course of NIELIT or any higher level course of NIELIT | |
| 3 | B.Sc in Computer Science/Information Technology/BCA | |
| 4 | B.Tech in Computer Science/Information Technology/M.Sc in Computer Science | |
| 5 | M. Tech in Computer Science/Information Technology/MCA | |
| 6 | None of the above | |

10 Experiences, if any

| Name of Organization | Designation | Nature of Duty | Period of Service | |
|----------------------|-------------|----------------|-------------------|----|
| | | | From | To |
| | | | | |

Declaration:

I, declare that I fulfill all the conditions of eligibility regarding age limit and Education Qualification and Other Qualification for the post of **ECG Technician**

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.

(Signature of Candidate)
Unsigned application will be rejected

Dated: ___/___/_____

| | |
|--------------|---|
| 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. |
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I, declare that I fulfill all the conditions of eligibility regarding age limit and Education Qualification and Other Qualification for the post of **Technician Dermatology**.

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| Paste recent Passport size Photograph duly self Attested |
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| 1 | Applicant's Name (in Block Letters) | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| | | (FIRST NAME) | (SURNAME) | | | | | | | | | | | | | | | | | | | | |
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