

57/Dec/2016
UNION TERRITORY ADMINISTRATION OF DADRA & NAGAR HAVELI
DEPARTMENT OF COOPERATION
SILVASSA.
e-mail: arcs-dnh@nic.in

[4207]

No. COOP/EST/25(13)/11/109

Dated : 31/5/2016


ADVERTISEMENT

Applications are invited for filling up of post of **Sub-Auditor** in the Administration of Dadra and Nagar Haveli as under :

Sr. No.	Name of the Post & Pay Scale	No. of Posts	Educational Qualifications	Age Limit	Reservation
1	Sub - Auditor, PB-1 Rs. 5200-20200 + Grade Pay Rs. 2400/-	02 (Two)	Essential: Degree from any government recognized university in Commerce or equivalent. Desirable: Diploma in Cooperation / Cooperative Management from any government recognized university of at least one year.	Between 18 and 27 years. Note:- The upper age-limit relaxable in accordance with the instructions or orders issued by the Central Government.	ST-01 (One) UR-01 (One)

2. The candidates should submit their application accompanied with self attested copies of each certificate so as to reach the **Office of the Assistant Registrar Cooperative Societies, ITI Campus, Amli, Silvassa, UT of Dadra & Nagar Haveli 396230** within a period of **(45) Forty five days** from the date of publication of this Advertisement in Employment News. (The application form can be downloaded from www.dnh.nic.in). 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.

3. 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.


(Jignesh S Patel)
Assistant Registrar
Cooperative Societies
Tel – 0260-2642965

To

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

**APPLICATION FOR THE POST OF
Sub-Auditor
Administration of Dadra & Nagar Haveli
Department of Cooperation**

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 : _____
: _____
4. Email: _____ Mobile No.:

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5. Date of Birth (DD / MM / YYYY) : _____
6. Gender (Male / Female) : _____
7. Whether SC / ST / OBC / PH : _____
8. Domicile of Dadra & Nagar Haveli : (Yes /No)
9. Educational Qualification

Sr. No.	Board / University	Year of passing	Percentage
1. Degree from any government recognized university in Commerce or equivalent.			
2. Diploma in Cooperation / Cooperative Management from any government recognized university of at least one year.			

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

i. Essential:	Degree from any government recognized university in Commerce or equivalent.	<input type="checkbox"/>
ii. Desirable:	(Diploma in Cooperation / Cooperative Management from any government recognized university of at least one year.	<input type="checkbox"/>

10 (b) Information regarding Knowledge of Information & Communication Technology Skills:

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.	<input type="checkbox"/>
2	CCC course of NIELIT or any higher level course of NIELIT.	<input type="checkbox"/>
3	B.Sc in Computer Science / Information Technology / BCA	<input type="checkbox"/>
4	B.Tech in Computer Science / Information Technology / M.Sc in Computer Science	<input type="checkbox"/>
5	M.Tech in Computer Science / Information Technology / MCA	<input type="checkbox"/>
6	None of the above	<input type="checkbox"/>

11. Experience, if any

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

12. Declaration:

I, declare that I fulfill all the conditions of eligibility regarding age limit and Education Qualification, Experience etc., for the post of **Sub-Auditor**.

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.