



ADMINISTRATION OF THE
UNION TERRITORY OF LAKSHADWEEP
DIRECTORATE OF HEALTH SERVICES
KAVARATTI 682555

F.No.A-12/2/2024-Est-UT-LKS(PART)(1)

Dated: 01.01.2025


ADVERTISEMENT

The Department of Health Services, UT of Lakshadweep would like to recruit various GDMO on contract basis as detailed below:

Sl. No	Post	Qualification	No.of posts to be filled	Remuneration
1.	GDMO	MBBS	2 posts	Rs.65000/- per month

The appointment will be on contract basis initially upto 28.02.2025 and likely to be extended subject to approval of Competent Authority. Interested candidates having the qualification prescribed above should submit their applications in the prescribed format (along with all testimonials) (Annexure-A) addressed to the Director of Health Services, U.T. of Lakshadweep, Kavaratti by email to dhspostsinterview@gmail.com on or before on or before 27.01.2025 at 6.00 PM. Applications received after the stipulated date and time will not be considered. The date of interview and web link will be communicated later through email/ mobile number.

This is issued with the approval of Competent Authority vide Diary No.624 dated.15.01.2025.


(Dr.Shrikant R.Tapdiya, DANICS)
Director of Health Services

To

The Web Coordinator in Directorate to advertise through Lakshadweep Website.

Copy to: PA to Secretary (Health) for Kind information.

ANNEXURE -A

**APPLICATION FORM FOR THE POST OF SPECIALIST DOCTORS(CONTRACT)
NOTIFIED VIDE EMPLOYMENT NOTICE F.NoA-12/2/2024-Est-UT-LKS(PART),
DATED:20.01.2025**

(TO BE FILLED IN CAPITAL LETTERS WITH BALL POINT PEN ONLY)

(FOR OFFICE USE ONLY)

DATE OF RECEIPT OF APPLICATION	
ROLL NUMBER	
REMARKS IF ANY	

(TO BE FILLED BY CANDIDATE)

1.	POST APPLIED	
2.	NAME IN FULL	
3.	DATE OF BIRTH	
4.	PERMANENT ADDRESS (INCLUDING E-MAIL ID AND CONTACT NUMBER)	
5.	ADDRESS FOR COMMUNICATION(INCLUDING E-MAIL ID AND CONTACT NUMBER)	

DETAILS OF EDUCATIONAL QUALIFICATION

S.L.NO	QUALIFICATION/EXPERIENCE	NAME OF THE INSTITUTION	YEAR OF PASSING

DECLARATION :- I DECARE THAT THE INFORMATION FURSHED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PLACE:

DATE:

SIGNATURE & NAME OF APPLICANT