

APPLICATION FORM FOR EMPLOYMENT IN ECHS

POST APPLIED FOR _____

Name of Polyclinics applied for _____

1. Name _____
 (If Ex-serviceman No _____ Rank _____
 Arms/Service _____ Unit last served _____

2. Date of birth _____

3. Sex: M/F _____

4. Postal Address _____

Pin _____ Mob No _____ E-mail ID _____

Affix recent
passport size
photographs

5. Education Qualification (Photocopies duly attested to be attached)

	Qualification	Year of Passing	Place of Passing	No of Attempts	% marks
(a)					
(b)					
(c)					
(d)					
(e)					

6. Work experience (Experience certificate must be attached for consideration)

	Place of work/Hospital	Period of Employment	Reason for leaving to Job

7. Registration No and date of registration with Indian/State Medical Council _____ (Photocopy of registration to be attached).

8. Honours and Awards (Professional & Service)

9. Details of previous service in Army/Central/State Govt (Photocopy of ESM PPO & Discharge book to be attached duly attested).

10. Total pd of serving (including SSC if any) _____

11. Details of Previous service if any with ECHS and reason for termination _____

DECLARATION

1. I hereby solemnly declare that all the statement made in the above application are true and correct to be best of my knowledge and belief.

2. I fully understand and that in the events of any information furnished being found false or incorrect, action can be taken against me.

Place : _____

Signature _____

Date : _____

Name of applicant _____

MEDICAL FITNESS CERTIFICATE

(FOR GOVT SERVICE / NON GOVT SERVICE)

1. I, do certify that have examined No _____ Rank _____
Name _____ S/O, D/O, W/o _____
a candidate for employment as (Name of Post) _____ has been
medically examined and found to be physically & mentally fit to perform his/ her
duties in ECHS Polyclinic.

2. His/ her age as on 01 Apr (upcoming year) is _____ years as per date of birth
_____ records in the documents.

Signature of Candidate

Sig of MO with Stamp _____

Place :

Date :

COUNTERSIGNATURE OF SEMO / CMO

Place :

Dated :

SEQUENCE OF DOCUMENTS

Details of Documents Required (One set of Photocopies)

1. Aadhaar Card.
2. PAN Card.
3. 10th Certificate.
4. 12th Certificate.
5. Graduation Certificate.
6. Diploma / Degree.
7. Attempt Certificate/year wise mark sheets for passing MBBS/BDS.
8. Valid Medical / Dental Council Registration Certificate.
9. Valid Driving License for LMV / HyVehs (for drivers only).
10. PPO, Discharge Book, ESM I/Card, (For ESM only).
11. Medical Fitness Certificate.
12. Experience Certificate (as applicable).
13. No Objection Certificate from current employer (if applicable).

(All documents to be attached duly self attested)