

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.

GENERAL INSTRUCTIONS

1. **Age:-** Employment age should be as mentioned at Appx 'A' & Appx 'B' below.

2. **Contractual Terms & Conditions** : The contractual employment will be for a period of one year April to 31 March subject to review of their conduct and performance during the employment. The contractual employees will not be entitled to any allowances, financial benefits or concessions as admissible to Govt employees. The detailed terms and conditions for employment are available with ECHS Cell, Station Headquarter, Delhi Cantt-110010 (Phone No 011-25694821 & Mobile No 8448198118) and can be checked by applicants.

3. **Working hours.** The working hours for staff (less Ser 1 to 2) would be 48 hours per week (8x6) from Monday to Saturday and Sunday will be holiday. For specialists (Medical Specialist & Gynecologist) the working hours would be 30 hours per week (5x6) from Monday to Saturday and Sunday will be holiday.

4. **Leave.** Admissible **2.5 days** for every completed month during the contractual period which will lapse, if accumulated, at the end of six months. Entitled leave will be besides, Sundays & Gazetted Holidays.

5. **Termination of Services.** Contract can be terminated by either side by giving one month's notice.

6. The interview for all above categories will be held at HQ Delhi Area, Delhi Cantt. The desired candidate will submit Application form alongwith copies of Academic/Professional/ Work experience certificates, Medical Council Registration, Copy of PAN Card & Residence/Address proof duly self attested alongwith one pass port size photograph by 09 Jan 2023 the latest at ECHS Cell, Station Headquarter, Delhi Cantt. Original copies of certificates should be carried on the date of interview for verification.

The candidates who were earlier employed in ECHS but whose services were terminated/ not extended for the second year employment need not apply.

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)