

**ADVERTISEMENT FOR EMPLOYMENT OF CONTRACTUAL
EMPLOYEES AT ECHS POLICLINIC FARIDABAD**

**Ex-Servicemen Contributory Health Scheme (ECHS)
Employment Notice**

Name of Employer: - ECHS

Place of Employment: - ECHS Polyclinic, Faridabad

Name of Posts: Medical Officer - 04, Dental Officer- 01, Physiotherapist- 01, Nursing Assistant - 03, Lab Technician- 01, Lab Assistant- 01, Pharmacist- 02, Driver- 01, Clerk- 01, Data Entry Operator- 01, Female Attendant- 01, Safaiwala- 01

Terms and Condition (application) and remuneration available at: - www.echs.gov.in

Last date of Receipt of application: 04 FEB 2020

Addressed to: Station Commander, Air Force Station Faridabad (ECHS CELL), Dabua Colony, Dist- Faridabad- 121005, Tele No. 0129-2470714

**ADVERTISEMENT FOR EMPLOYMENT OF CONTRACTUAL
EMPLOYEES AT ECHS POLICLINIC, PALWAL**

**Ex-Servicemen Contributory Health Scheme (ECHS)
Employment Notice**

Name of Employer: - ECHS

Place of Employment: - ECHS Polyclinic, Palwal

Name of Posts: - Medical Officer – 01, Dental Officer- 01, Nursing Assistant – 01, Dental Hygienist- 01, Lab Assistant- 01, Clerk- 01, IT Technician- 01, Female Attendant- 01, Chowkidar- 01, Safaiwala- 01

Terms and Condition (application) and remuneration available at: - www.echs.gov.in

Last date of Receipt of application: 04 FEB 2020

Addressed to: Station Commander, Air Force Station Faridabad (ECHS CELL), Dabua Colony,
Dist- Faridabad- 121005 Tele No. 0129-2470714

The Times of India on page No. 17 dated 03 Jan 2020

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS) EMPLOYMENT NOTICE

Station Headquarter (Navy), INS India invites application to engage following Medical non Medical para Medical staff on 'Contractual Basis' in ECHS polyclinic, East Delhi, Shahdara for a period of one year (extendable to two years) w.e.f 01 April 2020

1. Officer In Charge(01) (reserved for Ex-Servicemen Officers), Medical Officers (01), Dental Officer (01), Nursing Assistants (01), Lab. Technician (01), Data Entry Operator (01). The vacancies are subject to change.

2. For terms conditions and application forms and remuneration, kindly see our website: www.echs.gov.in. Applications are to be submitted at Stn headquarter, (Navy), ECHS Cell, INS India, Dara Shukoh Road, New Delhi-110011 by 31 Jan 2020. Interview will be held in Second week of Feb 20 for details please contact Stn HQ, ECHS Cell (N), INS India, 8076368406/011-23011566

2/2/20

APPLICATION FORM : EMPLOYMENT IN ECHS
(To be filled in duplicate)

1. Name of post applied for: _____
2. Choice of Polyclinic applied for (Delhi Cantt, Lodhi Road, NOIDA, Greater NOIDA, Dundaheera (Gurugram), Sohna Road, Shakurbasti and Timarpur).

- (a) _____
- (b) _____
- (c) _____

Affix Recent
Passport
size
photograph
Don't Staple

3. Name of Candidate: _____ Father's/ Husband Name _____

4. If ESM, write the fwg :-

(a) Service No _____ Rank _____ Arms/Service _____
Unit (Last Served) _____ Date of Retirement _____

5. Date of Birth: _____

6. Age _____ Years _____ Months _____ days (as on 01 Apr 2020).

7. Sex: Male/Female _____

8. Contact details:-

(a) Address _____
_____ Pin _____
Mobile No _____ E-Mail _____

9. Education Qualification & Additional Qualification (Photocopy duly attested to be att)

Ser No	Qualification	Year of Passing	Place & Name of School/Board/University	No of Attempts	% Mark
(a)	10 th				
(b)	12 th				
(c)	Graduation				
(d)	Post Graduation				
(e)	Diploma/ Cert Course				
(f)	PG Diploma				
(g)	IT/ Cmptr Courses				
(h)	Any other Courses				

10. Work Experience.

Ser No	Name of Institute/Nature of Work & Appointment held.	Period of Employment		Experience Cert att (Yes/No)	Reason for leaving the job	Any type of disciplinary action initiated against the ESM during the entire service (only for ESM)
		From	To			
(a)						
(b)						
(c)						
(d)						
(e)						
(f)						

11. If presently employed in ECHS, Period of Employment wef _____ Years _____ Months _____

12. Reason for leaving/ termination of service with ECHS _____

DECLARATION

(a) I hereby declare that I have no employment or stake in any ECHS empanelled medical facility or hospital or I was employed / had a stake in ECHS empanelled medical facility namely _____ which I relinquished on _____ (DD/MM/YY).

(b) I fully understand that in the event of any information furnished by me above being found false or incorrect, action can be taken against me.

(c) I undertake that the choice of Polyclinic given is only a choice and I agree to work in any polyclinic where I may be appointed.

(d) I declare that my services have not been terminated on discipline grounds from any ECHS establishment and I have never been denied the second year extension of my ECHS contract for being unsuitable or by being not recommended for the same.

(e) The details contained in this application are true and correct to the best of my knowledge and belief.

Place: _____

Signature: _____

Dated: _____

13. **Documents Required.** **Two set of Photocopies** of Age and Address Proof, Aadhaar Card, PAN Card, PPO, Discharge Book, ESM I/Card, Release Order, Med Fitness Cert, Education Qualification Cert, Valid Medical / Dental Council Registration Cert, Work / ECHS Experience Cert (as applicable), No Objection Cert from current employer (if applicable), Valid Driving License for LMV / Hy Vehs (for drivers only) to be attached duly self attested.

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 31 Mar 2020 is _____ years as per date of birth
_____ recorded in the documents.

Signature of Candidate

Sig of MO with Stamp _____

Place :

Date :

COUNTERSIGNATURE OF SEMO / CMO

Place : New Delhi

Dated : 2019