

**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 (Phtcopies 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. 10<sup>th</sup> Certificate.
4. 12<sup>th</sup> 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)**