

**APPLICATION FORM FOR EMPLOYMENT IN ECHS**

POST APPLIED FOR \_\_\_\_\_

Name of Polyclinics applied for - 1st. \_\_\_\_\_  
 2nd \_\_\_\_\_ (Optional)

Affix recent  
passport size  
photographs

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

2. Category (ESM / Widow Sol (Died in service) / Dependent of ESM / Dependent of serving persons / Civilian.

3. Date of birth \_\_\_\_\_

4. Sex: M/F \_\_\_\_\_

5. Postal Address \_\_\_\_\_ Pin \_\_\_\_\_

Mob No 1. \_\_\_\_\_ 2 \_\_\_\_\_ E-mail ID \_\_\_\_\_

6. Education Qualifications (Photocopies duly attested to be attached)

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

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

Ser	Place of work/Hospital	Period of Employment		Total Exp		Reason for leaving the Job
		From	To	Yrs	Months	

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

9. Honours and Awards (Professional & Service)

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

11. Total pd of serving (including SSC if any) \_\_\_\_\_

12. Details of Previous service if any with **ECHS establishments / Empanelled Hospitals** and reason for termination \_\_\_\_\_

**DECLARATION**

1. I hereby solemnly declare that all the statements 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.

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Place : \_\_\_\_\_

Signature \_\_\_\_\_

Date : \_\_\_\_\_

Name of applicant \_\_\_\_\_

