

**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 (Phtocopies 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\_\_\_\_\_