

**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 \_\_\_\_\_  
Arms/Service \_\_\_\_\_ Unit last served \_\_\_\_\_)
2. Date of birth \_\_\_\_\_
3. Sex: M/F \_\_\_\_\_
4. Postal Address \_\_\_\_\_  
\_\_\_\_\_

Pin \_\_\_\_\_ Mob No \_\_\_\_\_ E-mail ID \_\_\_\_\_

5. 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)					

6. 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	

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 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.

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

Signature \_\_\_\_\_

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

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