

APPLICATION FORM FOR EMPLOYMENT IN ECHS

1. Name of post applied for : _____

2. Choice of Polyclinic Applied for: _____

3. Name of Candidate: _____

4. Fathers / Husband Name: _____

5. If ESM, write the fwg:

(a) Service No _____ Rank _____ Arms/Service _____

Unit last serve _____ Date of Retirement _____

6. Date of Birth: _____ 7. Age ___ Years ___ Months ___ days (as on date)

8. Sex : Male / Female

9. Contact Details:

Address : _____

_____ Pin _____

Mobile No. _____ E-mail ID _____

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

Ser No	Qualification	Year of Passing	Place & Name of School/ Board /University	No of Attempts	% Marks
(a)	10 th				
(b)	12 th / Inter				
(c)	Graduation/ MBBS/ DNB/BDS				
(d)	Post Graduation				
(e)	Diploma Certificate Course				
(f)	PG Diploma				
(g)	IT/ Computer Courses				
(h)	Any Other Courses				

11. Work Experience

Ser No	Name of Institute/ Nature of work & Appointment held	Period of Employment		Experience Certificate attached (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)						

12. If presently employed in ECHS, Period of employment wef _____
Year _____ Months _____

13. 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 _____

Date _____