APPLICATION FORM FOR EMPLOYMENT IN ECHS

POST APPLIED FOR_____

Name of Polyclinics applied for_____

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 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_____