## **APPLICATION FORM FOR EMPLOYMENT IN ECHS**

POS	T APPLIED FOR						
Nam	e of Polyclinics applie	d for				A ((	
1.	Name					Affix recent passport size	
	(If Ex-serviceman No Rank						otographs
	Arms/Service Unit last served						
2.	Date of birth						
3.	Sex: M/F						
4.							
	Pin	E	-mail ID				
5.	Education Qualifica	tion (Phi	toconies (	duly attested to	he attache	νη)	
0.	Qualification	cation Year of			No of		% marks
(a)		Pass	sing	Passing	Attempts		
(b)							
(c) (d)							
(e)							
6.	Work experience(F)	kperienc	e certific	ate must be att	ached for o	onsi	deration)
<u> </u>	Work experience(Experience certificate must be attached for consideral Place of work/Hospital Period of Employment Reason for leaving						,
7.	Registration No and date of registration with Indian/State Medical Council  (Photocopy of registration to be attached).						
8.							
9.	Details of previous	service	in Army/	Central/State G	ovt (Photo	CODV	of ESM PPO
& Di	scharge book to be at	tached o	duly attes	sted).	`		
10. 11.	,	(includin s servic	g SSC if ce if an	any) v  with  ECHS	and reaso	on fo	 or termination
DECLARATION							
1.	I hereby solemnly of	declare	that all th	ne statement m	ade in the	abo	ve application
are t	rue and correct to be I	pest of n	ny knowle	edge and belief.			
2. false	I fully understand a			_	mation furi	nishe	ed being found
	,		3				
Place :			Signature				
Date :			Name of applicant				