

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)
EMPLOYMENT NOTICE: AKHNOOR

1. ECHS invites applications for the following posts on contractual basis in ECHS Polyclinic Akhnoor for max period of 11 months/01 year with a provision of renewal based on appraisal system:-

- | | | |
|------------------------------|-------------------------------|-----------------------------|
| (a) Officer-In-Charge = 01 | (f) Laboratory Technician =01 | (l) Chowkidar =01 |
| (b) Medical Officers = 03 | (g) Dental Hygienist =01 | (m) Peon = 01 |
| (c) Dental Officer = 01 | (h) Pharmacist =01 | (n) Safai Karamchari =01 |
| (d) Nursing Assistants =02 | (j) Ambulance Driver =01 | (o) Data Entry Operator =01 |
| (e) Laboratory Assistant =01 | (k) Female Attendant =01 | (p) Clerk = 01 |

2. For Terms & Conditions, application form and remuneration etc, kindly see our website www.echs.gov.in For details, please contact ECHS Cell Station Headquarters Akhnoor Tele No 01924-252880. Last date of receipt of application is 28 Jan 2021. Date, time and place of Interview shall be intimated to shortlisted candidates through telephone/email.

3. Applicants to attach all relevant documents with application and will bring original certificates including experience, two passport photographs, Medical fitness Certificate from SMO/CMO/SEMO at interview time.

4. Preference will be given to candidates with computer knowledge and multi tasking ability. The vacancies are subjected to revision anytime.

<https://www.freshersnow.com/echs-recruitment-notification/>

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 _____