

GOVERNMENT OF INDIA MINISRTY OF DEFENCE EXSERVICEMEN CONTRIBUTORY HEALH SCHEME STN HQ ECHS CELL BHUSAWAL PHONE: 02582-221030

 $Email: \underline{stnhq.echscell.bhusawal@gmail.com}$



EMPLOYMENT NOTICE

ECHS invites applications to engage following Non Medical Staff on contractual basis at ECHS Polyclinics <u>JALGAON AND BULDANA</u> for period of one year for ESM and 11 Months for the civil candidates.

Appts	Minimum Qualifications	Work Experience	No of vacs		Fixed
			Jalgaon	Buldana	Remuneration
Med Offr	MBBS	Min five years experience after internship.	02	01	Rs 75000/-
Dental Offr	BDS	Min Five Years	01	01	Rs 75000/-
Pharmacist	B Pharm or 10+2 with Physics, Chemistry & Biology and Diploma in Pharmacy and registered as pharmacist under the Pharmacy Act 1948	Min three Years	01	00	13 /5000/-
Lab Tech	B.Sc (Medical lab Technology) OR (i) SSC/HSC (10+2) with Science from Recognized Institution/Board (ii) DMLT from a Recognised Institution	Minimum three years Experience as Lab Assistant in a Medical lab	00	01	Rs 28100/-
Female Att	Literate	Minimun Five years Experience in civil/Army Health Institution	01	01	Rs 16800/-
Safaiwala	Literate	Minimun Five years Experience	01	01	Rs 16800/-
Chowkidar	Edudation - Class 8 or GD Trade for Armed Forces	-	01	00	Rs 16800/-

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2. For Terms and Conditions, Application Form & Remuneration | Kindly see our website www.echs.gov.in | for additional details please contact ECHS Cell, Stn HQ Bhusawal at Telephone No 02582-221030 & Email ID: stnhq.echscell.bhusawal@gmail.com | Also approach concerned ECHS Polyclinic for details. Preference will be given to Ex-servicemen.

3. Last Date of Receipt of Application | A

CERTIFICATE OF MEDICAL FITNESS

To be obtained only from Gazetted Government Medical Officer/Medical Officer of a

Government undertaking. (Please note that in no other form this certificate will be accepted. Medical Certificate issued by private medical practitioners will not be accepted.) Name.... (In Block Letters) Father's Name:.... Blood group/Anemic (Blood Count).... Height: Weight Chest: Heart and Lungs: Colour Vision: Hearing:.... Hernial/Hydrocele/Piles:.... Any other disease diagnosed in past:.... Allergies, If any List of prescribed medication, if any 1. 2. 3. Any other Remarks:.... I certify that I have carefully examined Mr./Ms..... Son/daughter of Mr who has signed in my presence. He/She has no mental and physical disease and is FIT. Signature of the candidate Station:..... Signature of the Govt Medical

Officer/CMO

Date :.....