

**GOVERNMENT OF INDIA**  
**MINISTRY OF DEFENCE, EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME**  
**STATION HQ (ECHS CELL) TAMBARAM - PHONE : 044 - 22395553 EXTN 7920 (AF STN**  
**TAMBARAM)**  
**e-mail : [wecareparty.1@gov.in](mailto:wecareparty.1@gov.in)**  
**EMPLOYMENT NOTICE**

1. ECHS invites applications to engage following Medical & Para Medical Staff on contractual basis in ECHS Polyclinic Tambaram C/O AF Station Tambaram, Chennai - 600 046, for a period of one year for ESMs and 11 months for the civil candidates:-

Appointment	Minimum Qualification	No of Vacancy	Fixed Remuneration
Medical Specialist	MD/MS/DNB (Gen Med). 05 years experience after Post Graduate in the subject concerned.	01	1,00,000/- pm
Medical Officer	MBBS (05 years experience after internship. Preferable additional qualification in Medicine / Surgery)	02	75,000/- pm
Pharmacist	B.Pharmacy from recognized Institute OR 10 + 12 with Science Stream (Physics, Chemistry, Biology) from a recognized Board AND Approved Diploma in Pharmacy from an Institute recognized by the Pharmacy Council of India and registered as Pharmacist under the Pharmacist Act 1948.	01	28,100/- pm

2. **For Terms & Conditions, Application Form & Remuneration** : Kindly visit our website [www.echs.gov.in](http://www.echs.gov.in). For additional details, please contact Stn HQ (ECHS Cell) Tambaram at Tele No. 044-2239555 Extn 7920 (AF Stn Tambaram) & e-mail ID [wecareparty.1@gov.in](mailto:wecareparty.1@gov.in) . Also approach ECHS Polyclinic Tambaram for details at Phone No. 044 - 61333145. Preference will be given to the Ex-servicemen.

3. **Last date for receipt of application as per format given at our website** : Application as per requisite format alongwith self attested photocopies of testimonials in support of Educational Qualifications and Work Experiences may be submitted to OIC, Stn HQ (ECHS Cell) Tambaram by **11 Oct 22** (date) in duplicate. Any application received after **1415 hrs on 11 Oct 22** will not be accepted.

4. **Interview Date, Timing & Venue** : Candidates must reach **AF Stn Tambaram** (Place) at **0830 hrs** (Time) on **13 Oct 22** (Date) for the interview. Candidates must bring all the original certificates / mark sheets / degree, 10th / Metric, 10 + 2 & Graduation / post graduation / diploma / course, work experience and discharge book, PPO, service records and 02 PP size colour photographs at the time of interview. No TA/DA is admissible. Only candidates meeting the Qualitative Requirements may apply.

**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 \_\_\_\_\_