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

POS	T APPLIED FOR							
Nam	e of Polyclinics applie	d for				Δ.((	•	
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.	Postal Address							
	Pin	E	E-mail ID					
5.	Education Qualificat	ion (Dh	toconios	duly attacted to	ho attacha	٧٩/		
5.	Qualification	·						
(0)		Pass	sing	Passing	Attempts			
(a) (b)								
(c)								
(d) (e)								
	Mark over a violance (F)			-4		:	do rotion)	
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							
			_	jistration to be a				
8.	Honours and Awards(Professional & Service)							
9.	Details of previous	service	in Armv/	Central/State G	ovt (Photo	CODV	of ESM PPO	
& Di	scharge book to be at	tached (	duly attes	sted).	`			
10. 11.	,	incluain s servic	g SSC if ce if an	any) y  with  ECHS	and reaso	on fo	 or termination	
			•	, 				
<u>DECLARATION</u>								
1.	,					abo	ve application	
are t	rue and correct to be t	pest of n	ny knowle	edge and belief.				
2.	,			=	mation furi	nishe	ed being found	
raise	or incorrect, action ca	ın be tal	ken agair	ist me.				
Plac	e :			Signature				
			Signature					
Date	: <u>:</u>			Name of ap	plicant			