

**APPLICATION FORM : EMPLOYMENT IN ECHS POLY CLINICS**  
**UNDER STATION ECHS CELL BARRACKPORE**

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1. Name of post applied for : \_\_\_\_\_
2. Choice of Polyclinic applied for (BARRACKPORE ,  
 KRISHNANAGAR & HOOGHLY ).  
 (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (c) \_\_\_\_\_
3. Name of Candidate: \_\_\_\_\_
4. Father's/ Husband Name \_\_\_\_\_
5. If Ex-servicemen, write the following :-  
 (a) Service No \_\_\_\_\_ Rank \_\_\_\_\_ Arms/Service \_\_\_\_\_  
 (b) Date of Retirement \_\_\_\_\_ No of years served \_\_\_\_\_  
 (c) Unit (Last Served) \_\_\_\_\_  
 (d) PPO No \_\_\_\_\_
6. Date of Birth: \_\_\_\_\_ Age(as on 01 /04/25) \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ days .
7. Sex : Male/ Female
8. Aadhaar \_\_\_\_\_ PAN \_\_\_\_\_
9. Contact details:-  
 (a) Address \_\_\_\_\_  
 \_\_\_\_\_ Pin \_\_\_\_\_  
 Mobile No \_\_\_\_\_ E-Mail \_\_\_\_\_
10. Education Qualification & Additional Qualification (Photocopy duly attested to be att)

Ser No	Qualification	Year of Passing	Place & Name of School/Board/University	No of Attempts	% Marks
(a)	10 <sup>th</sup>				
(b)	12 <sup>th</sup>				
(c)	Graduation				
(d)	Post Graduation				
(e)	Diploma/Cert Course				
(f)	PG Diploma				
(g)	IT/Cmptr Courses				
(h)	Any other Courses				

11. **Work Experience.**

Ser No	Name of Institute/Nature of Work & Appointment held.	Period of Employment		Experience Cert att (Yes/No)	Reason for leaving the job	Any type of disciplinary action initiated against the ESM during the entire service (only for ESM)
		From	To			
(a)						
(b)						
(c)						
(d)						

11. Registration No and date of registration with Indian/State Medical Council \_\_\_\_\_ (Photocopy of registration to be attached).

12. Honours and Awards (Professional & Service)

13. Details of previous service in Army/Central/State Govt (Photocopy of ESM PPO & Discharge book to be attached duly attested).

14. Total pd of serving (including SSC if any) \_\_\_\_\_

15. Details of Previous service if any with ECHS and reason for termination \_\_\_\_\_

### **DECLARATION**

16. 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.

17. 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: \_\_\_\_\_

Dated: \_\_\_\_\_

**Documents Required. One set of Photocopies** of Age and Address Proof, Aadhaar Card, PAN Card, PPO, Discharge Book, Release Order, Med Fitness Cert, Education Qualification Cert, Valid Medical / Dental Council Registration Cert, Work / ECHS Experience Cert (as applicable), No Objection Cert from current employer (if applicable), Valid Driving License for LMV /Hy Vehs (for drivers only) to be attached duly self attested. Attempt Certificate/year wise mark sheets for passing MBBS/BDS.