ost applied for:Select	Other:						
Jame of Polyclinics applied for 1st:Select	Other						
2nd:Select						fix Photo	
If Ex-serviceman No :	Ranl	k:					
	AWPO Regi No						
Arms / Service:	Unit last served	l:					
. Sex:select 3. Category:	select 4. Date of birth	n:					
. Postal Address :							
			Pincod	le :			
. Aadhaar No :	7. PAN Card No:						
. Mob No 1 2							
. Higher Qualification:Select			0	ther :			
0. Education Qualifications (Photocopies duly atte			_ 0				
SI. Qualification	· · · · · · · · · · · · · · · · · · ·	Year	of	Place o	f	No of	%
No Qualification	I	Passing		Place of Passing			marks
1. Work experience (Experience certificate must b	e attached for consideration)						
SI. Place of work / Hospital	Period of Emplo	Period of Employment Total Exp			Reason for leaving the Job		
No	From To		Years Months				
2. Registration No: with (Indian	/State Medical Council/Dental Co	ouncil).					
	tate Medical Council/Dental Cour		сору о	of registratio	n to be att	ached).	
4. Honours and Awards Professional & Service:							
Details of provious convices							
(in Army/Central/State Govt (Photocopy of E	SM PPO & Full Discharge book to	be attache	ed duly	attested).			
Total pd of serving including SSC if any :							
	blishments / Empanelled Hospita	ls and rea	son foi	r Terminatio	n:		
7. Details of Previous service if any with ECHS esta							
7. Details of Previous service if any with ECHS esta							

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:

Collines Old ECH8 Station Headquarters Thruvananthapuram

Signature:

Name of applicant:

Date:_____