

APPLICATION FORM FOR EMPLOYMENT IN ECHS

Post applied for: IT Network Tech ☐ Other: ☐

Name of Polyclinics applied for 1st: Mavelikara ☐

2nd: Kilimanoor ☐

Affix Photo

1. Name: _____

If Ex-serviceman No : _____ Rank: _____

Name : _____ AWPO Regi No: _____

Arms / Service: _____ Unit last served: _____

2. Sex: Female ☐ 3. Category: ESM ☐ 4. Date of birth: _____

5. Postal Address : _____

Pincode : _____

6. Aadhaar No : _____ 7. PAN Card No: _____

8. Mob No 1. _____ 2. _____ E-mail id: _____

9. Higher Qualification: --Select-- ☐ Other : _____

10. Education Qualifications (Photocopies duly attested to be attached)

| Sl. No | Qualification | Year of Passing | Place of Passing | No of Attempts | % marks |
|--------|---------------|-----------------|------------------|----------------|---------|
| | | | | | |
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11. Work experience (Experience certificate must be attached for consideration)

| Sl. No | Place of work / Hospital | Period of Employment | | Total Exp | | Reason for leaving the Job |
|--------|--------------------------|----------------------|----|-----------|--------|----------------------------|
| | | From | To | Years | Months | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

12. Registration No: _____ with (Indian/State Medical Council/Dental Council).

13. Date of registration: _____ in (Indian/State Medical Council/Dental Council)(Photocopy of registration to be attached).

14. Honours and Awards Professional & Service: _____

15. Details of previous service: _____

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

16. Total pd of serving including SSC if any : _____

17. Details of Previous service if any with **ECHS** establishments / Empanelled Hospitals and reason for Termination:

DECLARATION

1. I hereby solemnly declare that all the statements 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: _____

Col / Lt Col