



**GOVERNMENT OF INDIA  
MINISTRY OF DEFENCE  
EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME  
STATION HQ (ECHS CELL) KOLKATA  
TELE NO : 033-2230 0883  
E-MAIL – [shqkolkata@echsgov.in](mailto:shqkolkata@echsgov.in)**



1. ECHS invites applications to engage following Medical and Non Med staff on contractual basis in 2 x ECHS Polyclinics viz Kolkata and Baruipur for a period of one year renewable for additional period of one year / till attaining the maximum age subject to performance of candidates/other conditions according to the criteria as mentioned against each post. **Civilian candidate if selected in lieu of ESM reserve vacancy will be eligible to serve only for 11 months from the date of appointment. The said vacancy will fall vacant thereafter for being made available to ESM.**

Ser No	Appointment	Minimum Qualification	No of Tentative Vacancies in FY 2026-27	Fixed Remuneration
1.1	Officer-in-Charge	Graduate, minimum 05 years work experience in Health Care Institutions or Managerial positions	01	Rs 95,000/-
1.2	Medical Officer	MBBS, minimum 03 years experience after internship	01	Rs 95,000/-
1.3	Chowkidar	Class 8 <sup>th</sup> , General Duty Trade for Armed Forces Personnel.	01	Rs 21,800/-

2. All employee may be employed or transferred to any Polyclinic under Station Cell (ECHS) Kolkata i.e Kolkata, Salt Lake, Howrah & Baruipur for a temp period or entire pd. A reserve pool will be maintained amongst the candidate found fit & will be employed subsequently for a period of one year. Subsequent extension for one year will follow as per existing protocols. Preference will be given to ESM in each category.

3. **For detailed QR, Terms & Conditions, Application Forms & Remuneration**, Kindly refer to ECHS website [www.echsgov.in](http://www.echsgov.in). For any details, please contact Station Cell (ECHS), Headquarters Bengal Sub Area, 246 AJC Bose Road, near SSKM Hospital, Alipore, Kolkata-27 at Tele No **033 2230 0883**. Also approach any ECHS Polyclinic for same. **Application can be downloaded from Employment Opportunities-Advertisement tab of ECHS Website or obtained from Station Cell Kolkata or any ECHS Polyclinic in mention in paragraph.**

4. **Last date of receipt of application as per format**. Application as per requisite format alongwith self attested photocopies of testimonials in support of Education Qualifications and work experience, Discharge Book, PPO (in case of ESM), PAN & Aadhar card will be submitted to OIC Station Cell (ECHS) Kolkata by **26 May 2026 through registered by post / by hand**. Lack of any requisite document will render candidate ineligible for interview.

5. **Interview Date, Timings & Venue**. Interview will be conducted in **First week of Jun 2026**. Final date will be intimated by first week of Jun 2026 on individual email and a notice will also be put up in the notice board of Station Cell ECHS Kolkata. Candidates must bring original Degree/Certificates, photocopy of testimonials/ experience certificate. PPO, Discharge Book, Service Book and two PP size photographs at the time of interview. No TA/DA is admissible. Only candidates meeting the Qualitative Requirements may apply. All candidates are requested to reach by the interview location ie; Station Cell Kolkata by **0830h on the interview date**.

**APPLICATION FORM : EMPLOYMENT IN ECHS POLYCLINICS**  
**UNDER STN CELL KOLKATA**



1. Name of post applied for : \_\_\_\_\_
2. Choice of Polyclinic applied for (KOLKATA and BARUIPUR).  
 (a) \_\_\_\_\_ (b) \_\_\_\_\_
3. Name of Candidate: \_\_\_\_\_
4. Father's/ Husband Name \_\_\_\_\_
5. If **ESM (Retired Armed Forces)**, write the following :-  
 (a) Service No \_\_\_\_\_ Rank \_\_\_\_\_ Arms/Service \_\_\_\_\_  
 (b) Date of Retirement \_\_\_\_\_ No of years served \_\_\_\_\_  
 (c) Unit (Last Served) \_\_\_\_\_ (d) First Basic Pension \_\_\_\_\_  
 (e) PPO No \_\_\_\_\_
6. Religious \_\_\_\_\_ Nationality \_\_\_\_\_
7. Date of Birth: \_\_\_\_\_ Age (as on **01 /04/26**) \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ days \_\_\_\_\_.
8. Sex : Male/ Female
9. Aadhar No \_\_\_\_\_ PAN \_\_\_\_\_ Voter ID Card \_\_\_\_\_
10. Contact details:-  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Pin \_\_\_\_\_  
 Mobile No \_\_\_\_\_ E-Mail \_\_\_\_\_
11. 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	% of 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				

12. **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)						

13. If presently employed in ECHS, Period of Employment wef \_\_\_\_\_ Years \_\_\_\_\_ & Months \_\_\_\_\_.

14. Reason for leaving/termination of service with ECHS \_\_\_\_\_.

15. Medical Fitness Certificate obtained from (name of doctor , regn no and regd council name ) \_\_\_\_\_

### **DECLARATION**

(a) I hereby declare that I have no employment or stake in any ECHS empanelled medical facility or hospital or I was employed / had a stake in ECHS empanelled medical facility namely \_\_\_\_\_ which I relinquished on \_\_\_\_\_ (DD/MM/YY).

(b) I fully understand that in the event of any information furnished by me above being found false or incorrect, action can be taken against me.

(c) I undertake that the choice of Polyclinic given is only a choice and I agree to work in any polyclinic where I may be appointed.

(d) I declare that my services have not been terminated on discipline grounds from any ECHS establishment and I have never been denied the second year extension of my ECHS contract for being unsuitable or by being not recommended for the same.

(e) The details contained in this application are true and correct to the best of my knowledge and belief.

(f) I hereby certify that I am not holding any other office of profit/employed by any other organization.

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

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

16. **Documents Required. One set of Photocopies** of Age and Address Proof, Aadhaar Card, PAN, Voter ID Card, PPO, Discharge Book, ESM I/Card, 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. **Application for OIC ECHS Polyclinic to be submitted in DUPLICATE alongwith copy of Record of Service.**

**EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)  
EMPLOYMENT NOTICE AND QRs FOR EMPLOYMENT**

Ex-Servicemen Contributory Health Scheme (ECHS) desires to engage following staff on contract basis for its ECHS Polyclinics located under Stn Cell Kolkata (Kolkata, Salt Lake, Baruipur and Howrah) as per the details given below:-

Ser No	Appointment	Basic Qualification	Age Limit (yrs) and Work Experience	Reservat ion for Ex-Service men	Monthly contractual fee (Rs)
1.	Medical Officer	MBBS	68 yrs, Minimum 03 years experience after internship. Preferable addl Qualification in medicine/surgery	60%	95,000/-
2.	OIC Polyclinic	Graduate	65 yrs, Minimum 05 years work experience in Health care institutions or Managerial positions	100%	95,000/-
3.	Chowkidar	Education - 8 <sup>th</sup> Class. GD trade for Armed Forces Personnel	55 yrs	70%	21,800/-

## **GENERAL INSTRUCTIONS**

1. **Age:-** For employment age should not have completed 66 years for Ser No 1, 63 years for Ser No 2 and 53 Years for Ser No 3 as on 01 Jun 2026.
2. **Contractual Terms & Conditions** : The contractual employment will be for a period of one year April to 31 March subject to review of their conduct and performance during the employment. The contractual employees will not be entitled to any allowances, financial benefits or concessions as admissible to Govt employees. The detailed terms and conditions for employment are available with Stn ECHS Cell, Stn Cell Kolkata, Headquarters Bengal Sub Area, 246 AJC Rd, Near SSKM Hospital Alipore, Kolkata 27 , **Tele No -033 2230 0883**) and can be checked by applicants.
3. **Working hours.** The working hours for staff (less Ser 1 to 2) would be 48 hours per week (8x6) from Monday to Saturday and Sunday will be holiday. For specialists (Medical Specialist & Gynecologist) the working hours would be 30 hours per week (5x6) from Monday to Saturday and Sunday will be holiday.
4. **Leave.** Admissible 2.5 days / 1.5 days as applicable for every completed month during the contractual period which will lapse, if accumulated, at the end of six months. The pd for accumulation will be 01 Apr to 30 Sep that yr and 01 Oct to 31 Mar next yr.
5. **Termination of Services.** Contract can be terminated by either side by giving one month's notice.
6. The interview for all above categories will be held at Stn Cell, Kolkata. The desired candidate will submit Application form alongwith copies of Academic/Professional/ Work experience certificates, Medical Council Registration, Copy of PAN Card & Residence/Address proof duly self attested by **26 May 2026 at 1600hrs** the latest at Station Cell, Kolkata. Original copies of certificates should be carried on the date of interview for verification.

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**The candidates who were earlier employed in ECHS but whose services were terminated/ not extended for the second year employment need not apply.**

# **MEDICAL FITNESS CERTIFICATE**

(FOR GOVT SERVICE / NON GOVT SERVICE)

1. I, do certify that have examined No \_\_\_\_\_ Rank \_\_\_\_\_

Name \_\_\_\_\_ S/O, D/O, W/o \_\_\_\_\_

a candidate for employment as (Name of Post) \_\_\_\_\_ has been medically examined and found to be physically & mentally fit to perform his/ her duties in ECHS Polyclinic.

2. His/her age as on 01 Jun 2026 is \_\_\_\_\_ recorded in the documents years as per date of birth.

**Signature of Candidate**

**Sig of Med Offr (MO) with Stamp**

MO Regn No

MO Regd Council

Place :

Date :

# SEQUENCE OF DOCUMENTS

## **Details of Documents Required (One set of Photocopies)**

1. Application Form
2. Aadhar Card & Voter Card
3. Address proof if different from Aadhar Card
4. PAN Card.
5. 10<sup>th</sup> Certificate.
6. 12<sup>th</sup> Certificate.
7. Graduation Certificate.
8. Diploma / Degree.
9. Attempt Certificate/year wise mark sheets for passing MBBS/BDS.
10. Valid Medical / Dental Council Registration Certificate.
11. Valid Driving License for LMV (**for drivers only**).
12. PPO, Discharge Book, ESM I/Card, (**For ESM only**).
13. Medical Fitness Certificate.
14. Experience Certificate (as applicable).
15. No Objection Certificate from current employer (if applicable).

**(All documents to be attached duly self attested)**