



**GOVERNMENT OF INDIA
MINISTRY OF DEFENCE
EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME
STATION HQ (ECHC CELL) KOLKATA
TELE NO : 033-2230 0883
E-MAIL – shqkolkata@echhs.gov.in**



1. ECHS invites applications to engage following Medical, Para Medical and Non Med staff on contractual basis in 2 x ECHS Polyclinics viz Kolkata & 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 2025-26	Fixed Remuneration
(a)	Medical Specialist	MD (Medicine) / DNB min 05 years experience in the specialty after PG	02	Rs 1,00,000/-
(b)	Dental Assistant/Hygienist /Technician	Diploma holder in Dental Hygienist/Class 1 DH/DORA, minimum 05 years work experience	04	Rs 28,100/-
(c)	Driver	Class – 8 th , MT Driver (Armed Forces) Possess a civil driving license, minimum 5 years work experience	01	Rs 19,700/-
(d)	Chowkidar	Class 8 th , General Duty Trade for Armed Forces Personnel, minimum 05 years work experience	01	Rs 16,800/-

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 upto **31 Mar 2026** on creation of vacancy during the 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.echhs.gov.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 **23 Jul 2025 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 last week of Jul 2025. Final date will be intimated by 25 Jul 2025 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 POLY CLINICS
UNDER STN CELL KOLKATA

INSERT PP
SIZE PHOTO
HERE

1. Name of post applied for : _____
2. Choice of Polyclinic applied for (KOLKATA & BARUIPUR).
(a) _____ (b) _____
3. Name of Candidate: _____
4. Father's/ Husband Name _____
5. If ESM, write the fwg :-
(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 /07/25**) _____ Years _____ Months _____ days _____.
7. Sex : Male/ Female
8. Contact details:-
(a) Address _____
_____ Pin _____
Mobile No _____ E-Mail _____

Aadhar No _____ PAN _____
9. 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 th				
(b)	12 th				
(c)	Graduation				
(d)	Post Graduation				
(e)	Diploma / Cert Course				
(f)	PG Diploma				
(g)	IT/Cmptr Courses				
(h)	Any other courses				

10. **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. If presently employed in ECHS, Period of Employment wef _____ Years _____ & Months _____.

12. Reason for leaving/termination of service with ECHS _____.

13. 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: _____

14. **Documents Required. One set of Photocopies** of Age and Address Proof, Aadhaar Card, PAN 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	Reserva tion for Ex- Service men	Monthly contractu al fee (Rs)
1.	Medical Specialist	MD/MS in Specialty concerned /DNB	70, Minimum 05 years in the specialtyafter PG	60%	1,00,000/-
2.	Dental Assistant/ Technician/ Hygienist	Diploma holder in Dental Hygienist/ Class-I DH/DORA (Armed Forces) Regd in state/central Dental Council	58, Minimum 05 years experience in Dental Laboratory	70%	28,100/-
3.	Driver	Education- 8 th Class/ Class-I Driver MT (Armed Forces), Posses a civil driving license (LMV)	55, Minimum 05 years experience as driver.	70%	19,700/-
4.	Chowkidar	Education - 8 th Class. GD trade for Armed Forces Personnel	55, Minimum 05 years work experience	70%	16,800/-

GENERAL INSTRUCTIONS

1. **Age:-** For employment age should not have completed 68 years for Ser No 1, 66 years for Ser No 2, 53 Years for Ser No 3 & 4 as on 01 Jul 2025.
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) 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 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 **23 Jul 2025** the latest at Station Cell, Kolkata. Original copies of certificates should be carried on the date of interview for verification.

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 Jul 2025 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.
3. Address proof if different from Aadhar Card
4. PAN Card.
5. 10th Certificate.
6. 12th 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)