

Tele : 011-25684847
ASCON : 36832
Fax : 011-25684946
E-mail : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt -110010

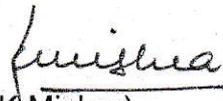
B/49701-Policy Ruling/AG/ECHS/2023

28 Dec 2023

HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ Southern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
HQ ARTRAC (A/ECHS)
DIAV
IHQ of MoD (Navy)/Dir ECHS (N)
DAV (Coord)
Addl Dte Gen of APS/APS-1D
MP Dte (5&6)
All Regional Centres ECHS

ECHS : HUMAN RESOURCE POLICY 2024

1. Human Resource Policy of ECHS is forwarded herewith as per **Appendix** attached to this letter.
2. For information and compliance please.


(PK Mishra)
Col
Dir (Ops & Coord)
for MD ECHS

Enclosures: As above.

Copy to:-

MoD (DoESW)
AG Coord
DG DC&W Sectt

} - For info pl.

Internal

All Secs (Less S&A) - For info pl.
S&A Sec - For uploading on website.

ECHS : HR POLICY FOR CONTRACTUAL EMPLOYEES

1. The Ex-Servicemen Contributory Health Scheme (ECHS) was launched in April 2003 to provide quality medical care to the Ex-servicemen (ESM) and their dependents by utilizing the existing medical infrastructure of Armed Forces and private empanelled/government hospitals across the country. The scheme rapidly gained credibility and has grown both in size and stature. Presently, it has 30 Regional Centres (RC) and 427 Polyclinics (PC) pan India with a total beneficiary base of approximately 58 lakhs. The scheme has also been extended to Gorkha Domiciles with six PCs in Nepal.

2. Since its inception, a lot of progress has been made in overall infrastructure, IT platforms, Number of empanelled hospitals and ease of availing services as also policy structure in the last two decades. As part of recent initiatives, a number of measures are being taken to enhance the efficiency and effectiveness of the scheme most important of them being strengthening of ECHS services, sourcing and home delivery of medicines, and establishment of state of art ECHS IT management system etc. However, there are a No of challenges, the quality of HR being one of them, where there is scope for further improvement. There is thus a requirement of a Human Resource (HR) Policy for the ECHS.

3. The HR policy of ECHS flows down from the overall vision and mission of the scheme highlighted as under:-

(a) **Vision**. Provide quality healthcare (Capless and Cashless) to post retirement ECHS beneficiaries.

(b) **Mission**. Sustain a preventive, promotive, curative quality healthcare system by ensuring availability of :-

(i) Networked Polyclinics and Empanelled Hospitals.

(ii) Trained and Motivated service providers.

(iii) Responsive referral support system to higher levels of care which is timely and accessible.

(iv) Drugs and Diagnostics.

(v) AI and IT enables infrastructure to augment automation and facilitate speedy delivery of medical treatment.

HR Policy

4. The HR Policy is the guiding principle for an organisation to set up its policy and procedures, manage its employees efficiently and ensure smooth functioning with consistency. At ECHS, the HR Policy is aimed at building cohesiveness, integrity and genuine approach towards the beneficiaries at all levels with an overall aim to maintain a work environment that promotes personal and professional growth for all employees while keeping the goal of humanity and respect in mind. Maintaining such an environment is the responsibility of every staff person. Hence, the HR policy is designed to govern each and every staff, regardless of their designation, experience or seniority.

5. **Aim.** To outline a HR Policy with a view to achieve a work environment that facilitates personal and professional satisfaction of all employees in the process providing the best possible healthcare to the beneficiaries.

6. **Guiding Principles (Building Bricks).**

- (a) Rapid and Proactive response to ECHS Beneficiaries with empathy, care and provide safe and effective diagnostics, therapies and medicines.
- (b) Reaching the Periphery through comprehensive healthcare covering remote locations of the country so as to extend the benefit of the scheme to the distant ECHS beneficiary possible.
- (c) Accountability towards the scheme in general and beneficiaries in particular by abiding by the existing policies and guidelines laid down by Gol (MoD) and Central Org, ECHS.
- (d) Active participation in decision making to address administrative challenges, highlighting grey areas and working towards a logical solution.
- (e) Neutrality and Non-Parochialism while dealing with ECHS beneficiaries as well as peers and subordinates.
- (f) Capacity building and Skill development through genuine interest towards duty and work selflessly to achieve the mission of ECHS by following the slogan '**I will do it and make things happen**'.
- (g) Integrate with National Health Policies and adopt global best practices of healthcare.

Scope

7. The HR Policy has been covered in following three parts:-

- (a) **Part I.** Basic Guidelines of HR Policy.
- (b) **Part II.** HR Aspects at ECHS Polyclinic and Regional Centres.
- (c) **Part III.** Deliverables and Envisaged Changes in the future.

PART I: GUIDELINES OF HR POLICY

8. **Basic Guidelines of HR Policy.** The scheme mandates laying down of essential HR related guidelines to build a sound HR mechanism. Essential aspects of charter that needs to be incorporated at respective levels are as under:-

- (a) Be familiar with the rules and policies of the ECHS. Respect and uphold the vision and mission of the scheme to provide quality healthcare to the ECHS beneficiaries without any biases whatsoever.

- (b) Treat other employees with fairness, dignity, respect and without discrimination.
- (c) Promote harmony, mutual understanding and teamwork in all relationships. Encourage growth and development of other employees by helping them to achieve their personal goals and beyond.
- (d) Seek to avoid workplace conflict, and if it occurs, respond fairly and quickly to provide the means to resolve it.
- (e) Recognize that employees in their personal lives may experience crisis and show compassion and understanding while dealing such situations.
- (f) Employees are expected to keep updating the concerned personnel's/ department regarding their work, problems faced and offer genuine feedback/ suggestions for improvement.
- (g) Avoid behaviour that can be interpreted as discrimination, harassment, or intimidation. Administer all employee equitably and fairly, recognizing that jobs are different but each is important; that individual performance should be recognized and measured against predetermined standards; and that each employee has the right to fair treatment.
- (h) Avoid conflict of interest situations and do not have any overt political leanings. Avoid engagement in any other occupation or business whatsoever or be interested directly or indirectly in any business or undertaking; which directly indirectly affects the operations of the ECHS.
- (j) Avoid entering into any commitment or dealings on behalf of the organization for which he/she does not have express authority nor alter or be a party to any alteration of any principle or policy of the organization or exceed the authority or discretion vested in him/her without the previous sanction of the organization or those in authority above.
- (k) If an employee has a concern about the conduct of another employee, it is important that he or she be able to raise the issue without fear of repercussions. All complaints should be taken seriously by the Grievance redressal committee and timely and swift action is warranted. At the same time, ensure the protection of the complainant and prevent victimization. However, if the complaint is found to be false, frivolous, or malicious, it would be construed as a violation of code of conduct and would be liable for disciplinary action.
- (l) Incentives for performance and vice versa needs to be incorporated based on local conditions and the working environment.

**PART II : HR ASPECTS AT POLYCLINICS, REGIONAL CENTRES
AND CENTRAL ORG, ECHS**

9. **HR Aspects: OIC Polyclinics.**

- (a) In coordination with Stn HQ and Regional Centre, ensure hiring of Contractual Staff at polyclinics is carried out as per laid down guidelines, QR and salary.
- (b) Briefing of selected staff on Code of conduct, Empathy towards the beneficiaries, Duty Roster, Leave policy and ensure compliance.
- (c) Carry out planning to have staggered timelines for contractual staff during the hiring process to make sure that adequate staff is present at the polyclinic for smooth functioning at all times.
- (d) Promote team building with an adaptive work culture where employee can assist each other and facilitate smooth functioning at the polyclinics.
- (e) Be fair, polite and firm while exercising control over staff at polyclinic. Any kind of negligence or indiscipline should not be tolerated and be reported to Stn HQ and Regional Centre promptly.
- (f) A conducive work environment for women employees encouraging equality of opportunity should be promoted. Vishaka guidelines against sexual harassment in the workplace should be followed in totality.
- (g) Ascertain serviceability and maintenance of all amenities and equipment at the polyclinic to ensure efficient functioning by the staff and to avoid any discomfort to the beneficiaries.
- (h) Have the fwg IT Qualifications:-
 - (i) MS Office to incl Word, Excel, Access, Power Point and Outlook.
 - (ii) Security & manning of IT Assets as per MeitY guidelines.
- (j) Promote the idea of ECHS-SPARASH to develop a strong bond between the scheme and the beneficiaries through participation of Veterans as Volunteers in the Project ECHS-SPARASH. They can register themselves through the ECHS Mob App and contribute immensely in the management of ailing patients undergoing treatment in ECHS Polyclinics and at the same time be an ambassador of the scheme.
- (k) **Interaction with Beneficiaries.**
 - (i) Promote an amicable and transparent working system and a culture of empathy, politeness, respect and regard.
 - (ii) Fair and firm dealing with respect to adherence to laid down policies and procedures.

(iii) Handle situation with calmness and patience and be empathetic while dealing with beneficiaries.

(iv) Special attention and care to very elderly and infirm.

(v) All OsIC Polyclinics to accord priority to the veterans and senior citizens with their spouses during consultations, check-ups and while issuing medicines. In order to regulate senior citizen patients (male above 75 years, female 70 years) necessary directions have already been disseminated to the environment for facilitating token system for the subject category.

(l) Setting up the processes with respect to treatment, availability of medicines, claim reimbursement and revisiting them at regular intervals for successful improvement.

(m) Be completely responsible to prevent losses to the ECHS due to neglect, pilferage, fraud, inefficiency of employees or external elements

(n) **Change in Designation.** The designation of following appointments is revised as under:-

<u>Ser No</u>	<u>Present Designation</u>	<u>Recommended Designation</u>
(i)	Safaiwala	House Keeper
(ii)	Chowkidar	Vigilance Operator
(iii)	Peon	Multi Tasking Staff (MTS)

(o) **Black Listing of a Candidate or Staff.**

(i) The cases of black listing of a candidate or staff are as follows:-

<u>Ser No</u>	<u>Cases</u>	<u>Duration</u>
(aa)	Terminated from employment	Ban for further emp at any ECHS est.
(ab)	Not recommend in Assessment Report	
(ac)	Resigned	Ban for one year from the last date of contract signed.
(ad)	Unwillingness (only for civilian candidates)	For three years

(ii) **Procedure of Black listing of a candidate or staff.** The name of such individuals to be forward by Stn HQs through respective Comd HQs, to CO ECHS on quarterly basis for updation of ineligibility list.

10. **HR Aspects: Dir, Regional Centres.**

- (a) The Dir RC is the senior most serving Offr of the ECHS directly in contact with the Beneficiaries and Empanelled Hosps as an emissary of the ECHS his/her. Conduct at all times, accessibility and communication with the Beneficiaries and Empanelled Hosps must enthuse and evoke confidence positivity. He or She is also the First Point of Response for any kind of situations or problems which a Beneficiary may account.
- (b) Ensure that staff posted at the Regional Centre is aware of the gravity of task in hand and performs with diligence.
- (c) Orientation Training of all Managerial level staffs on joining and at least once in a quarter in coordination with Stn HQ.
- (d) Promote a work culture of proactive and prompt approach towards Beneficiary related matters to include ensuring availability of medicines, claim validation and reimbursement, ongoing treatment at service/ empanelled HCOs.
- (e) Efficient networking, coordination and liaison with the concerned Stn HQs, SEMO/ SEDO, service and empanelled hospitals to ensure smooth treatment of the beneficiaries through regular interaction and visits. It should also entail identifying policy and functional hurdles and attempts to weed out without any red tapism.
- (f) Genuine and fair feedback while interacting with staff at the polyclinics highlighting their achievements as well as grey areas and laying down defined timelines to improve them.
- (g) Prompt and fair dealing with complaints as per laid down guidelines both in terms of HCOs and beneficiaries.
- (h) Keep staff at Regional Centres and polyclinics informed about ongoing initiatives and challenges in the scheme so that each of them is aware of the actual picture. This will facilitate the entire system in keeping rumours at bay and handling the beneficiary in a rightful manner.

PART III : DELIVERABLES AND ENVISAGED CHANGES IN THE FUTURE

Deliverables of HR Policy

11. Considering the phenomenal advancement in tech, rise in medical inflation and overall emphasis on deriving a mechanism to cut costs without having any adverse impact on quality of healthcare, it is pertinent to identify crucial deliverables of HR policy by exploring the feasibility of the tech and the processes those are on offer in the global arena. Incorporation of such processes would not only improve quality of care at reduced costs but will also hugely impact the HR aspects by simplifying processes and enhancing ease of work. Major deliverables have been highlighted as under: -

- (a) Investment in forecasting tools, improvement in the medicine and equipment supply chain, increase remuneration for the staff and infrastructure development.
- (b) Accelerate identify and procurement of Digital tools and analytical capability to strengthen the patient relationship.
- (c) Reduce Staff without lowering medical care - Investments in remote workforce such as tech, connectivity and cyber security. Explore feasibility of incorporating niche tech for data collection, reporting and sharing.
- (d) Develop and end to end view of the supply chain especially the last mile - Services of the scheme be available to each of the beneficiary.
- (e) Fine tuning existing Mob App that connect to patients, beefing up portals and intensifying Customer Relationships Management (CRM) tools so as to expand cap, improve customer experience obtain feedback and avoid frustrating and alienating our veterans.
- (f) Initiate changes in consumer behaviour by providing user friendly operative modules including Grievance Redressal.
- (g) Optimise alternative means of lower cost of care to include virtual care such a e-SeHAT to achieve quality care and lower spending at the same time.
- (h) Provide more care for less - Process Automation and Cloud Tech to lower cost structure.
- (j) Patient Journey Analysis of people with serious or chronic illness aimed to collate clinical and non-clinical data of patient lives, needs, motivations and preferences for better health outcomes.

12. **Envisaged Changes in Structure and Manpower**. Advent of modern system and processes necessitates essential changes in the current structure and manning process so as to manifest in a streamlined system that is proficient, efficient and resourceful. Few of the major revisions envisaged are highlighted as under:-

- (a) **Selection of OIC Polyclinic**. Over the years, there has been a No of revisions in Policy, procedures and guidelines in ECHS on critical aspects related to eligibility, admission, medicines, reimbursement which should be known to an OIC, Polyclinic to facilitate smooth functioning of a Polyclinic. Hence, the procedure of selection of OIC Polyclinic would be revised as under:-
 - (i) An online MCQ Test for OIC Polyclinic would be conducted pan India. The MCQs would be largely based upon Question Bank based on ECHS Policy, guidelines and procedures. Live situations will also be projected to test the applications of knowledge. The study material is available on the ECHS website in the form of info brochure and compendium.

- (ii) Only on qualifying in the ONLINE Tests will the candidate be eligible to appear in the interview by BOO detailed by Stn HQs. Situation Test to validate their Emotional Quotient (EQ) of shortlisted candidates post MCQ Test in the form of an interview would be conducted by the Board of Officer (BOO), detailed by the Stn HQ. The Reaction/ comments of the candidate be validated by the board (situations/ scenarios would be provided to the BOO).
- (iii) Selection of an OIC for each PC would be based on merit.
- (iv) In case of non-availability of ESM Pensioners for selection of OIC PC, SSCOs and AFMS Offrs would be considered.
- (b) **Selection of Dy OIC Polyclinic.** Selection of individual qualified in management i.e. Master in Administration will be emp to function as Deputy & OIC Polyclinic at Type 'A' and 'B' polyclinics. Employment at Type 'C' and Type 'D' polyclinics with high DASR would be need based depending upon the requirement and would be sanctioned by the Central Organisation, ECHS. The Dy OIC would assist in achieving the following: -
- (i) Provide quality inputs on management and functioning aspects to bring in qualitative change in Polyclinic functioning.
- (ii) To function as OIC, Polyclinic in absence/un-availability of OIC PC.
- (iii) Identification and posting of motivated and capable JCOs from to function as Deputy to OIC PC is also being considered.
- (c) **Selection of Med Offrs/ Dental Offrs.** As part of the BOO, the SEMOs will play a major role in selection of Med Offrs/Dental Offrs. Following aspects need to be ensured:-
- (i) The individual is meeting the age criteria as laid down in the policy.
- (ii) Any individual with medical disability/learning disability pension should not be selected.
- (iii) The individual should be conversant in providing advice and recommend medicine on tele.
- (d) **Selection of Sub-Ordinate Staff.** The BOO should ensure that the selected individual are willing for multi-tasking include delivery of medicines to old Veterans and inform beneficiaries and assist in outreach to Veterans Following tests would be carried out:-
- (i) Medical Condition (includes motivation and will).
- (ii) Computer Test.
- (iii) Vigilance Clearance.

(e) **Overlap of Handing/Taking.** At present there is no handing/taking over process in the ECHS Polyclinics as there is no provision of two contractual appointments overlapping in the same post. Henceforth, provision of minimum 10 days of handing/taking over between the key appointments at polyclinics would be carried out for smooth functioning of the establishment. The stipulation to this effect would be included in the advertisement of vacancies taken out by the Stn HQ that selected individuals will have to carry out 10 days On Job Training (OJT) and obtain a certificate from OIC Polyclinic before signing the contract. In case of OIC, Polyclinic the certificate would be rendered by OIC, ECHS Cell at Stn HQs.

(f) **Revised/ Proposed QR for Appts at ECHS Polyclinics.** Major changes that are being proposed to MoD in the overall eligibility criteria of the staff at Polyclinics along with pay scales are enclosed as Annexure.

13. The overall aim of the HR Policy is to have a team at all levels which understand the cause and carry out a genuine approach towards smooth functioning of the scheme in a healthy and motivated manner. This document shall act as a reference to the ECHS staff in our endeavour to implement human resource management within our teams and would ensure organisational consistency in the application of best practices.

QR OF APPTS AT ECHS POLYCLINIC AND THEIR PAY SCALE

Ser No	Category	Age Limit		Basic Qualification	Work Experience	Desirable Attributes	Reservation for Ex-Servicemen	Pay Scale	
		For Employment	For Contractual Service					Existing	Proposed
(a)	Medical Officer	66	68	MBBS	Min three years after internship. Preferable additional qualifications in Medicine/Surgery	(i) Merit in MBBS PG qualification. (ii) Indl with medical/hearing disability which will affect his/her working in polyclinics will not be selected. (iii) Indl should be conversant in providing advise and recommend medicine on tele.	60%	75,000/-	1,10,000/-
(b)	Specialist (Medical Specialist & Gynecologist)	68	70	MD/MS in Speciality concerned/ DNB	Minimum three years in the subject concerned after Post Graduation.	Merit in MBBS, Merit in PG.	60%	1,00,000/-	1,46,000/-
(c)	Radiologist	68	70	(i) A recognized medical qualification included in the first or second schedule of Part II of the third schedule (other than licentiate qualification) of the Indian Medical Council Act 1956. Holders of educational qualifications included in Part II of the third schedule should also fulfill the conditions stipulated in sub section (3) of section 13 of the Indian Medical Council Act 1956. (ii) Post Graduate degree in the concerned Specialty mentioned in section A or section B of schedule VI of the Central Health Services Regulation 1996.	At least three years' experience in the concerned specialty after obtaining the Post Graduate Degree or five years' experience after obtaining Post Graduate Diploma. DMC Registration is a must.	Merit in MBBS, Merit in PG additional qualification if any.	60%	1,00,000/-	1,46,000/-

(d)	Dental Officer	63	65	BDS	(i) Minimum Three years' work experience. (ii) Videos of Dental procedures carried out in recent past - 6 months to 8 months. (iii) Conduct of in-camera proceeding - with SEDOs in attendance.	(i) Merit in BDS PG qualification. (ii) Priority to be given to MDS qualified pers if available for selection. (iii) Max age limit - 63 yrs (iv) Incl with medical disability and physically unfit will not be selected.	60%	75,000/-	1,10,000/-
(e)	Officer- in - Charge Polyclinic	63	65	Graduate	(i) Minimum three years' work experience in Health Care Institutions or Managerial positions. (ii) Emp of SSC Offrs where no candidates are available.	(i) Additional managerial qualifications. (ii) Should qualify the pan-India online MCQ test for OIC Polyclinic. (iii) Should qualify the situation test conducted by the selection BOO post-MCQ test.	100%	75,000/-	1,10,000/-
(f)	Deputy Officer in Charge Polyclinic (Proposed)	63	65	MBA in HR Management from any recognized University.	Minimum Three years' work experience in HR related appointments.	(i) Incl qualified in management i.e Masters in Hospital Administration. (ii) Ability to provide quality inputs on management and functioning aspects to bring in qualitative changes in Polyclinics. (iii) Ability to perform duties of OIC Polyclinic in absence of the incumbent. (iv) Incl have positive attitude with willingness to contribute towards functioning of Polyclinic. (v) Incl should be able to manage the overall functioning of the Polyclinic incl admission, medicines, reimbursement and referral related issues.	70%	-	70,000/- to 80,000/-
(g)	Nursing Assistant (Nurse)	58	60	BSc Nursing	Minimum three years experience.	Degree in Nursing/ any diploma/ sepciality nursing. Experience of more than 10 years	70%	28,100/-	41,000/-
(h)	Nursing Assistant (General)	58	60	GNM Diploma/ Class-I Nursing Assistants Course (Armed Forces)	Minimum three years' experience	Any diploma/ course in speciality nursing. Experience of more than 10 years	70%	28,100/-	41,000/-

(j)	Nursing Assistant (X Ray Assistant/ Radiographer)	58	60	Diploma/ Class-I Radiographer Course (Armed Forces)	Minimum three years' experience	Any course in Ultrasound/ Med technology. Experience of more than 10 years	70%	28,100/-	41,000/-
(k)	Nursing Assistant (Physiotherapist)	58	60	Diploma/ Class-I Physiotherapy course (Armed Forces)	Minimum three years' experience	Experience of more than 10 years	70%	28,100/-	41,000/-
(l)	Laboratory Assistant	58	60	DMLT/ Class-I Laboratory Tech Course (Armed Forces)	Minimum three years work experience in Laboratory	Experience of more than 10 years	70%	28,100/-	41,000/-
(m)	Laboratory Technician	58	60	(i) B.Sc (Medical Lab Technology) or (i) Matriculation/Higher Secondary/Senior Secondary (10+2) with Science from Recognized Institution/Board. (ii) Diploma in Medical Lab Technology from a Recognized Institution.	Minimum three yrs experience as a Lab Assistant in a Medical Lab	-	70%	28,100/-	41,000/-
(n)	Dental Hygienist Dental Assistant	58	60	Diploma Holder in Dental Hyg/ Class-I DH/DORA Course (Armed Forces)	Minimum three years' experience in Dental Laboratory	Experience of more than 10 years	70%	28,100/-	41,000/-
(o)	Dental Technician	58	60	(i) Should have passed 10+2 with Science or equivalent from a recognized Board or Institution. And (ii) Should have two years Diploma in Dental Hygienist/ Dental Mechanic Course Registered with Central/ State Govt, or Dental Council of India	Minimum three years' experience in Dental Laboratory	Experience of more than ten years	70%	28,100/-	41,000/-

(p)	Pharmacist	58	60	(i) B Pharmacy form an recongnised institute or (i) 10+2 with Science stream (physics, Chemistry, Biology) from a recognized board. And (ii) Approved Diploma in Pharmacy from an Institute recognized by the Pharmacy council of India and registered as pharmacist under the Pharmacy Act 1948.	Minimum three years' experience	Any Diploma/Course in Specialty Pharmacy	70%	28,100/-	41,000/-
(q)	Receptionist/ Clerk/ Data Entry Operator	58	60	Graduate/ Class-I Clerical trade (Armed Forces)	Minimum three years' experience (no work experience reqd for Veer Naris/ War Widows/Widows of ESM)	Computer qualification experience of more than 10 years	70%	*As per allotted in-lieu vac	
(r)	Female Attendant	58	60	Literate	Minimum three years' experience in Civil/ Army Health Institutions (no work experience reqd for Veer Naris/ War Widows/Widows of ESM)	Experience of more than 10 years. First Aid Course	70%	16,800/-	25,000/-
(s)	Driver	58	60	Education - 8 Class-I MT driver (Armed Forces) Posses of Civil driving License.	Minimum three years work experience as driver	Heavy vehicle driving licence experience of more than 10 years. First Aid Course	70%	19,700/-	29,000/-
(t)	Multi-Tasking Staff (MTS)	58	60	Education -Class 8 GD trade (Armed Forces)	Minimum three years' service (no work experience reqd for Veer Naris/ War Widows/Widows of ESM)	Experience of more than 10 years	70%	16,800/-	25,000/-
(u)	House Keeper	58	60	Literate	Minimum three years' service (no work experience reqd for Veer Naris/ War Widows/Widows of ESM)	Experience of more than 10 years	70%	16,800/-	25,000/-
(v)	Vigilance Operator	58	60	Education-Class12 th /Armed Forces (Preferably from Int Corps)	-	-	70%	16,800/-	27,500/-

Note:-(i) Case for almt of Clk/ DEO has been taken up with MoD. Post sanction, the pay scale for the vacs will be decided.

(ii) Presently, the vac of Clk/ DEO is being allotted as 'in-lieu' vac. The pay scale for same will be corresponding to the vac as against which the vac of Clk/ DEO has been allotted.