

**GOVERNMENT OF INDIA**  
**MINISTRY OF DEFENCE**  
**EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME**  
**SATION HQ (ECHS CELL),**  
**INS KATTABOMMAN, SOUTH VIJAYANARAYANAM**  
**TIRUNELVELI (T.N)- 627119**  
**PHONE:04635-252200 (Extn:206)**  
**Email:sthqinskattabomman@gmail.com**

**EMPLOYMENT NOTICE**

1. ECHS invites applications to engage following Non-Medical Staff on contractual basis in ECHS Polyclinic Tirunelveli for a period of one year for ESMs and 11 months for the civil Candidates.

Appointment	Minimum Qualification	No.of Vacancy	Contractual Fee Per Month
Driver	Education -8 Class I MT Driver (Armed Forces), Minimum 5 year experience.	01	Rs 19,700/-
Female Attendant	Literate, Minimum 5 year experience in Civil/ Army Health institutions.	01	Rs 16,800/-

2. **For Terms and Conditions, Application form, Remuneration** kindly see our website [www.echs.gov.in](http://www.echs.gov.in). For additional details, please contact Station Headquarter, INS Kattabomman, Naval Base, South Vijayanarayanam Tirunelveli- 627119. Telephone No. 04635 -252253, 252200. Email ID [sthqinskattabomman@gmail.com](mailto:sthqinskattabomman@gmail.com). Also approach concerned ECHS Polyclinic for details. Preference will be given to Ex-servicemen. Tax will be deducted at source as applicable.

3. **Last date of receipt of application as per format given our website:** Application as per requisite format along with self attested photocopies of Educational Qualifications and Work Experiences will be submitted to OIC ECHS cell, Station Headquarter, INS Kattabomman, Naval Base, South Vijayanarayanam, Tirunelveli- 627119. By **01 Jan 22** in duplicate. Any application received after **01 Jan 22** will not be accepted.

4. **Interview Date, Timing & Venue:** Candidate must reach Station Headquarter, INS Kattabomman, Naval Base, South Vijayanarayanam at **09.00 hrs** on **10 Jan 22** for the interview to be held between **10.00 to 12.30 hrs**. Candidates must bring all the original certificates/mark sheets/degree of 10<sup>th</sup>/ Matric, 10+2 & diploma course, work experience and discharge book, PPO, service records and passport size color photographs at the time of interview. No TA/DA is admissible. Only candidates meeting the Qualitative Requirements may apply. All candidates are requested to attend the interview. No separate calling letter will be issued.









**APPLICATION FORM FOR EMPLOYMENT IN ECHS**

POST APPLIED FOR \_\_\_\_\_

Name of Polyclinics applied for - 1st. \_\_\_\_\_

2nd \_\_\_\_\_ (Optional)



1. Name \_\_\_\_\_

(If Ex-serviceman No \_\_\_\_\_ Rank \_\_\_\_\_

Name \_\_\_\_\_

Arms/Service \_\_\_\_\_ Unit last served \_\_\_\_\_

2. Category (ESM / Widow Sol (Died in service) / Dependent of ESM / Dependent of serving persons / Civilian.

3. Date of birth \_\_\_\_\_

4. Sex: M/F \_\_\_\_\_

5. Postal Address \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Mob No 1. \_\_\_\_\_ 2 \_\_\_\_\_ E-mail ID \_\_\_\_\_

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

Ser	Qualification	Year of Passing	Place of Passing	No of Attempts	% marks
(a)					
(b)					
(c)					
(d)					
(e)					

7. Work experience (Experience certificate must be attached for consideration)

Ser	Place of work/Hospital	Period of Employment		Total Exp		Reason for leaving the Job
		From	To	Yrs	Months	

8. Registration No and date of registration with Indian/State Medical Council/Dental Council (Photocopy of registration to be attached).

9. Honours and Awards (Professional & Service)

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

11. Total pd of serving (including SSC if any) \_\_\_\_\_

12. 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 \_\_\_\_\_

Date : \_\_\_\_\_

Name of applicant \_\_\_\_\_