

**VACANCY FOR EX- SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)
POLYCLINIC UNDER STATION HEADQUARTERS AFAC, COIMBATORE**

1. Application are invited for short listing suitable candidates for contractual employment for 11/12 month duration at ECHS Polyclinic Coimbatore as noted against:-

| Sl no | Post/ Category | No of Vac | Upper Age for Selection | Basic Qualification | Work experience | Reservation for Ex- Servicemen | Monthly remuneration |
|-------|-----------------------|--------------|-------------------------------|---|---|---|-------------------------|
| 1. | Medical Specialist | 01 | 70 Yrs | MD/MS in Speciality concerned | Min 03 yrs experience in Speciality after PG | 60% | 100000/- |
| 2. | Dental Officer | 01 | 65 Yrs | BDS | Min 03 yrs work exp | 60% | 75000/- |
| 3. | Nursing Assistant | 01 | 58 Yrs | DNM / Class1 Nursing Assistants Course (Armed Forces) | Minimum 05 yrs experience | 70% | 28100/- |
| 4. | Physiother- apist | 01 | 58 yrs | Diploma/ Class I Physiotherapy Course (Armed Forces) | Minimum 5 Yrs experience | 70% | 28100/- |
| 5. | Driver | 01 | 55 Yrs | 8 th class/Class I MT Driver (Armed Forces) | Min 5 yrs work experience | 70% | 19700/- |

2. For terms and conditions, application forms, remuneration, visit our website <http://www.echs.gov.in> (CONTRACTUAL STAFF) or contact Stn HQ ECHS AFAC, Red Fields Coimbatore at Tele No 0422-2224114 & Mob No 8903299437 (0800 -1400 hrs on Monday to Friday).

3. Applications with self attested copies of certificates, testimonials, experience, as applicable and PP size Photograph (one pasted on application and two extra) should reach at Stn HQ ECHS, Red Fields Coimbatore -18 on or before 18 Sep 2020.

4. Interview for the eligible candidates will be conducted on 24 Sep 2020 at 0900hrs. Candidates are to bring all original documents at the time of the interview. Ability to converse in English, Tamil & Computer Knowledge is desired.

5. No TAVDA will be admissible for attending the interview.

6. Appointment for Driver will be in Jan 2021.

APPLICATION FORM FOR EMPLOYMENT IN ECHS

POST APPLIED FOR _____

Name of Polyclinics applied for _____

1. Name _____

(If Ex-serviceman No _____ Rank _____

Arms/Service _____ Unit last served _____

2. Date of birth _____

3. Sex: M/F _____

4. Postal Address _____

Pin _____ Mob No _____ E-mail ID _____

Affix recent
passport size
photographs

5. Education Qualification (Photocopies duly attested to be attached)

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

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

| | Place of work/Hospital | Period of Employment | Reason for leaving to Job |
|--|------------------------|----------------------|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

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

8. Honours and Awards (Professional & Service)

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

10. Total pd of serving (including SSC if any) _____

11. Details of Previous service if any with ECHS and reason for termination

DECLARATION

1. I hereby solemnly declare that all the statement 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 _____