

**ADVERTISEMENT PUBLISHED IN INDIAN EXPRESS AT
PAGE NO 34 ON 16 AUG 2024**

**GOVERNMENT OF INDIA, MINISTRY OF DEFENCE
EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME
STATION HQ (ECHS CELL), DELHI CANTT
Phone : 011 - 25694821, email: oicechscelldelhi@gmail.com**

EMPLOYMENT NOTICE

1. ECHS invites applications to engage following Medical staff on contractual basis in ECHS Polyclinics Delhi Cantt, Sohna Road, Dundaheera, NOIDA & Greater NOIDA 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.

Appointment	Minimum Qualification	No of Vac.	Fixed Remuneration
Medical Specialist	MD/MS in Specialty concerned. Minimum 05 years in the specialty after PG.	04	₹ 1,00,000/-
Medical Officer	MBBS. Minimum 05 years experience after internship	20	₹ 75,000/-

2. **For Terms & Conditions, Application Form & Remuneration.** Kindly see our website www.echs.gov.in. For additional details, Please Contact, Stn HQ (ECHS Cell) Delhi Cantt at Telephone No. 25694821, Mobile No. 8448198118 Preference will be given to Ex-Servicemen.
3. **Last date of receipt of application as per format given at our website.** Application as per requisite format along with self attested photocopies of testimonials in support of Educational Qualifications & Work Experiences will be submitted to OIC, Stn HQ (ECHS Cell), Delhi Cantt -110010 by 26 September 2024. Any application received after 26 September 2024 will not be accepted.
4. **Interview Date, Timing & Venue.** The same will be intimated to candidates through e-mail and telephonically. Candidates must bring all the original certificate/mark sheets/degree of 10th/ Matric, 10+2 & Graduation / Post graduation / Diploma / Course, Work experience and Discharge book, PPO, Service records and 02 x PP size colour photographs at the time of interview. No TA/DA is admissible. Only candidates meeting the Qualitative Requirements may apply.

**ADVERTISEMENT PUBLISHED IN HINDUSTAN AT
PAGE NO 21 ON 16 AUG 2024**

**भारत सरकार, रक्षा मंत्रालय
स्टेशन मुख्यालय (ईसीएचएस सैल) दिल्ली कैंट
भूतपूर्व सैनिक अंशदायी स्वास्थ्य योजना
फोन नं० : 011 - 25694821 ईमेल: oicechscelldelhi@gmail.com
रोजगार सूचना**

1. ईसीएचएस अपने पोलीक्लिनिकस दिल्ली कैंट, सोहना रोड, डूंडाहेड़ा, नोएडा और ग्रेटर नोएडा में अनुबंध के आधार पर एक वर्ष की अवधि नवीकरणीय अतिरिक्त एक वर्ष उम्मीदवारों के मानदंडों, उपलब्धि एवं अन्य शर्तों के अनुसार अधिकतम आयु प्राप्त करने तक निम्नलिखित मेडिकल कर्मचारियों की नियुक्ति के लिए आवेदन आमंत्रित करता है।

नियुक्ति	न्यूनतम योग्यता	रिक्तियों की संख्या	तय पारिश्रमिक
चिकित्सा विशेषज्ञ	संबंधित विशेषज्ञता में एमडी / एमएस। पोस्ट ग्रेजुएशन के बाद विशेषज्ञता में न्यूनतम 05 वर्ष।	04	₹ 1,00,000/-
चिकित्सा अधिकारी	एमबीबीएस। इंटरनशिप के बाद न्यूनतम 05 वर्ष का अनुभव।	20	₹ 75,000/-

2. **नियम एवं शर्तें, आवेदन पत्र, अनुबंध पारिश्रमिक के लिए कृपया हमारी वेबसाइट www.echs.gov.in देखें।** अतिरिक्त जानकारी के लिए कृपया स्टेशन मुख्यालय (ईसीएचएस सैल), दिल्ली कैंट, टेलीफोन नंबर 011-25694821 मोबाइल नंबर 8448198118 ईमेल आइडी oicechscelldelhi@gmail.com पर संपर्क करें। विवरण के लिए संबंधित ईसीएचएस पोलीक्लिनिक से भी संपर्क करें। भूतपूर्व सैनिकों को वरीयता दी जाएगी। 3. हमारी वेबसाइट पर दिए गए प्रारूप के अनुसार आवेदन प्राप्त करने की अंतिम तिथि। शैक्षिक योग्यता और कार्य अनुभव के समर्थन में प्रशासक स्व-स्तयापित फोटोकॉपी के साथ अपेक्षित प्रारूप के अनुसार आवेदन पत्र 26 सितंबर 2024 तक ओआईसी, स्टेशन मुख्यालय (ईसीएचएस सैल), दिल्ली कैंट -110010 में स्वीकार किया जाएगा। 26 सितंबर 2024 के बाद किसी भी आवेदन पत्र को स्वीकार नहीं किया जाएगा। 4. साक्षात्कार की तिथि, समय और स्थान। इसकी सूचना उम्मीदवारों को ईमेल और टेलीफोन के माध्यम से दी जाएगी। उम्मीदवार को साक्षात्कार के समय सभी मूल प्रमाण पत्र/अंक तालिकाएं/10वीं/मैट्रिक की डिग्री, 10+2 और ग्रेजुएशन/पोस्ट ग्रेजुएशन/डिप्लोमा/कोर्स, कार्य अनुभव, डिस्चार्ज बुक, पीपीओ, सर्विस रिकॉर्ड और 02 पासपोर्ट आकर के रंगीन फोटो अवश्य साथ लाने होंगे। टीए/डीए स्वीकार्य नहीं है। केवल योग्य उम्मीदवार ही आवेदन कर सकते हैं।

APPLICATION FORM : EMPLOYMENT IN ECHS

1. Name of post applied for : _____
2. Choice of Polyclinic applied for (Delhi Cantt, NOIDA & Greater NOIDA).
 - (a) _____
 - (b) _____
 - (c) _____
3. Name of Candidate: _____ Father's/ Husband Name _____
4. If ESM, write the fwg :-
 - (a) Service No _____ Rank _____ Arms/Service _____
 - Unit (Last Served) _____ Date of Retirement _____
 - AWPO Regn No _____
5. Date of Birth: _____
6. Age _____ Years _____ Months _____ days (as on 01 Oct 2024).
7. Sex : Male/Female _____
8. Contact details:-
 - (a) Address _____
 - _____ Pin _____
 - Mobile No _____ E-Mail _____
9. Education Qualification & Additional Qualification (Photocopy duly attested to be att)

**Affix Recent
Passport
size
photograph
Don't Staple**

Ser No	Qualification	Year of Passing	Place & Name of School/Board/University	No of Attempts	% 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)						
(e)						
(f)						

11. If presently employed in ECHS, Period of Employment wef _____ Years ____ & Months _____.

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

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: _____

13. **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 Registration Cert, Work / ECHS Experience Cert (as applicable), No Objection Cert from current employer (if applicable), to be attached duly self attested. **Attempt Certificate**/year wise mark sheets for passing MBBS.

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 Oct 2024 is _____ years as per date of birth _____
recorded in the documents.

Signature of Candidate

Sig of MO with Stamp _____

Place :

Date :

COUNTERSIGNATURE OF SEMO / CMO

Place : New Delhi

Dated :