GOVERNMENT OF INDIA
MINISRTY OF DEFENCE
EXSERVICEMEN CONTRIBUTORY HEALH SCHEME
STN HQ ECHS CELL BHUSAWAL
PHONE : 02582-221030
Email : stnhq.echscell.bhusawal@gmail.com

EMPLOYMENT NOTICE

1. ECHS invites applications to engage following Staff on contractual basis at ECHS Polyclinics **BULDANA** for 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	Work Experience	Vacancy Buldana	Fixed Remuneration
OIC	Graduate	Min 5 Year work experience in Health Care Institution or Managerial Position	**01**	**Rs 75000/-**
Med Offr	MBBS	Min five years experience after internship.	**01**	**Rs 75000/-**

2. **For Terms and Conditions, Application Form & Remuneration.** Kindly see our website **www.echs.gov.in** for additional details please contact ECHS Cell, Stn HQ Bhusawal at Mobile No ……. between 09 am to 03 pm on working days & Email ID: stnhq.echscell.bhusawal@gmail.com . Also approach concerned ECHS Polyclinic for details. Preference will be given to Ex-servicemen.

3. **Last Date of Receipt of Application.** Application as per requisite format along with self-attested photocopies of testimonials in support of **Education Qualification, Work Experience and Original Medical Fitness Certificate from SEMO/CMO** will be submitted to **OIC ECHS Cell, Stn HQ Bhusawal PO: Ordnance Factory Bhusawal, PIN 425203 through Registered/Speed Post** by **10 Feb 2023 in** duplicate. Application received in response to advertisement placed earlier will also be considered.

4. **Interview Date, Timing & Venue.** Candidate must reach Station **Headquarters Bhusawal** at 0800hrs on **18 Feb 2023** for the interview to be held between 0900hrs to **1400hrs**. Candidates must bring all the original Certificates/Mark sheet/ Degree of MBBS/ Matric/10+2 & Graduation/ Post Graduation/Diploma/Course/Work Experience and Discharge Book /PPO/Service Record and **02** PP Size colour photographs at the time of interview. No TA/DA is admissible. Only candidates meeting the Qualitative Requirement may apply.

CERTIFICATE OF MEDICAL FITNESS

To be obtained only from Gazetted Government Medical Officer/Medical Officer of a Government undertaking. (Please note that in no other form this certificate will be accepted. **Medical Certificate issued by private medical practitioners will not be accepted.)**

Name.....
(In Block Letters)
Father's Name :.....

Blood group/Anemic (Blood Count).....

Height : ..... Weight .....

Chest : .....

Heart and Lungs: .....

Vision : L : ..... R : .....

Colour Vision : .....

Hearing : .....

Hernial/Hydrocele/Piles : .....

Any other disease diagnosed in past : .....

Allergies, If any .....

List of prescribed medication, if any .....

1. .....
2. .....
3. .....

Any other Remarks : .....

I certify that I have carefully examined Mr./Ms.....
..... Son/daughter of Mr .....
who has signed in my presence. He/She has no mental and physical disease and is FIT.

Signature of the candidate

Station : .....
Date : .....

Signature of the Govt Medical Officer/CMO

GOVERNMENT OF INDIA MINISTRY OF DEFENCE
EX SERVICEMEN CONTRIBUTORY HEALTH SCHEME
STATION HEADQUARTERS (ECHS), KOLHAPUR
TEMBLAI HILLS, SHIVAJI UNIVERSITY ROAD
KOLHAPUR – 416004

EMPLOYMENT NOTICE

1. ECHS invites applications to engage following medical, para medical & non-medical staff on contractual basis in 05 ECHS Polyclinics at Kolhapur, Sangli, Satara, Karad & Chiplun, 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.

Appoin-tment	Minimum Qualification	Age of Emp	No of vac	ECHS Polyclinic	Fixed Remun-eration
Officer in Charge	Graduate, Only retired service offrs. Should be drawing a pension. **Min Five years experience in Health Care Institutions or Managerial Positions**	63	1	Sangli -1	75,000/-pm
Medical Specialist	MD/MS in Specialty concerned / DNB, **Min Three years experience after Post Graduation**	63	2	Kolhapur -1, Satara-1,	1,00,000/-pm
Radiologist	(i) A recognized medical qualification included in the first or second schedule of part II or of the third schedule (other than licentiate qualifications) of the IMC Act 1956. Holder of education qualifications included in Part II of the third schedule should also fulfil hte conditions stipulated in sub section (3) of section 13 of the IMC Act 1956. (ii) Post Graduate degree inthe concerned Speciality mentioned in section A or section B of schedule VI of Central Health Service Regulation 1996. **Min three years experience or Five years experience after obtaining Post Graduate Diploma. DMC Registration is a must**	63	1	Kolhapur – 1	1,00,000/-pm
Physiotherpist	Diploma /Class1 Physiotherpist Course (Armed Forces). **Min Five years experience**	53	1	Kolhapur - 1	28,100/-pm
Dental Hygienist	Diploma Holder in Dental Hyg/Class I DH/DORA Course (Armed Forces) **Min Five years experience**	53	2	Krd/ Cpn - 1	28,100/-pm
Data Entry Opr	Graduate / Class 1 Clerical trade (Armed Forces). **Min Five years experience**	53	4	Kop/ Sat /Krd/ Cpn - 1	16,800/-pm
Clerk	Graduate / Class 1 Clerical trade (Armed Forces). **Min Five years experience**	53	1	Kolhapur – 1	19,700/-pm
Driver	8th pass with Class I MT driver (Armed Forces). Civil driving licence required **Min Five years experience**	53	1	Kolhapur -1	19,700/-pm

2. **For terms & conditions, application form & remuneration**. Kindly see our website www.echs.gov.in. For additional details, please contact Stn HQ (ECHS Cell) Kolhapur at **Tele 0231-2606071 and 0231-2950222** & E-mail ID shqkolhapur@echs.gov.in. Also approach concerned ECHS polyclinic for details. **Preference will be given to the Exservicemen.**

3. **Last date of receipt of application as per format given at our webside**. Application as per requisite format alongwith self attested photocopies of testimonials in support of educational qualification & work experience will be submitted to SO ECHS, Stn HQ Kolhapur by **10 Feb 2023 through by Post only**. Any application received after **10 Feb 2023** will not be accepted.

4. **Interview Date, Timing & Venue**, Candidate must reach Stn HQ Kolhapur at 0900 hrs on **15, 16 & 17 Feb 2023** for the interview to be held between 0900 hrs to 1700 hrs. The candidate must bring all the original certificates / marksheets / degree of 10th / matric, 10 + 2 & Graduation / Post Graduation / Diploma / Course, work experience and discharge book, PPO, service record and 2 PP size colour photographs at the time of interview. **No TA / DA is admissible**. Only candidates meeting Qualitative Requirement may apply.

APPLICATION FORM FOR EMPLOYMENT IN ECHS

1. Name of post applied for : _____

2. Choice of Polyclinic Applied for: _____

3. Name of Candidate: _____

4. Fathers / Husband Name: _____

5. If ESM, write the fwg:

   (a) Service No _____ Rank _____ Arms/Service _____

   Unit last serve_____ Date of Retirement _____

6. Date of Birth: _____ 7. Age ___ Years ___ Months ___ days (as on date)

8. Sex : Male / Female

9. Contact Details:

   Address : _____

   _____ Pin _____

   Mobile No. _____ E-mail ID _____

10. Education Qualification & Additional Qualification (Photocopy duly self attested to be att)

Ser No	Qualification	Year of Passing	Place & Name of School/ Board /University	No of Attempts	% Marks
(a)	10th				
(b)	12th / Inter				
(c)	Graduation/ MBBS/ DNB/BDS				
(d)	Post Graduation				
(e)	Diploma Certificate Course				
(f)	PG Diploma				
(g)	IT/ Computer Courses				
(h)	Any Other Courses				

11. **Work Experience**

Ser No	Name of Institute/ Nature of work & Appointment held	Period of Employment		Experience Certificate attached (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)						

12. If presently employed in ECHS, Period of employment wef _____ Year _____ Months _____

13. 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.

Place _____

Signature _____

Date _____