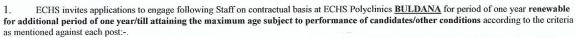


GOVERNMENT OF INDIA MINISRTY OF DEFENCE EXSERVICEMEN CONTRIBUTORY HEALH SCHEME STN HQ ECHS CELL BHUSAWAL

PHONE: 02582-221030







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. <u>Last Date of Receipt of Application.</u> 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. <u>Interview Date, Timing & Venue.</u> Candidate must reach Station <u>Headquarters Bhusawal</u> at 0800hrs on <u>18 Feb 2023</u> for the interview to be held between 0900hrs to <u>1400hrs</u>. 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 <u>02</u> 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 accepted. Medical Certificate is accepted.)	ed Government Medical Officer/Medical Officer of a note that in no other form this certificate will be sued by private medical practitioners will not be
Name(In Block Letters)	
Blood group/Anemic (Blood Count))
Height:	Weight
Chest:	····· w cigit ······
Heart and Lungs:	D .
Vision: L:	R:
Colour Vision:	
Hearing:	
Hernial/Hydrocele/Piles:	
0-10000 111 11051	
Allergies, If any	
List of prescribed medication, if any.	•••••
1 2 3	
Any other Remarks:	
I certify that I have carefully examined	Mr./Ms/daughter of Mre 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	No of	ECHS Polyclinic	Fixed Remun-
		Emp	vac	2 0 0 0000000	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	8 th pass with Class I MT driver (Armed Forces). Civil driving licence required Min Five years experience	53	1	Kolhapur -1	19,700/- pm

- 2. <u>For terms & conditions, application form & remuneration</u>. Kindly see our website <u>www.echs.gov.in</u>. For additional details, please contact Stn HQ (ECHS Cell) Kolhapur at Tele 0231-2606071 and 0231-2950222 & E-mail ID <u>shqkolhapur@echs.gov.in</u>. Also approach concerned ECHS polyclinic for details. <u>Preference will be given to the Exservicemen.</u>
- 3. <u>Last date of receipt of application as per format given at our webside</u>. 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. <u>Interview Date, Timing & Venue</u>, 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 Ap	oplied for:			
3.	Name of Candidate:				
4.	Fathers / Husband Na	me:			
5.	If ESM, write the fwg:			<u> </u>	
	(a) Service No		Rank Arms/Ser	rvice	
	Unit last serve				
6.	Date of Birth:	7. Ag	e Years Months c	days (as on o	date)
8.	Sex : Male / Female				
9.	Contact Details:				
	Address :				
				Pin	
	Mobile No	E-mail I)		
10.	Education Qualification	n & Additional	Qualification (Photocopy duly s	self attested	to be att
Ser No	Qualification	Year of Passing	Place & Name of School/ Board /University	No of Attempts	% Marks
(a)	10 th	1 1000			
(b)	12 th / Inter				
(c)	Graduation/ MBBS/ DNB/BDS				
(d)	Post Graduation				
(e)	Diploma Certificate Course				
(f)	PG Diploma				
(g)	IT/ Computer Courses				
(h)	Any Other Courses			i	

11. Work Experience

Date _____

Ser No	Name of Institute/ Nature of work &	Period of Employment		Certificate	Reason for	Any type of disciplinary action initiated
	Appointment held	From	То	attached (Yes/ No)	leaving the Job	against the ESM during the entire service (only for ESM)
(a)						
(b)						
(c)						
(d)						
(e)						
(f)						
Yea 13.	Reason for leaving / te	-	of servi	ce with ECHS		ef
13.	Reason for leaving / te	ermination I have no	of servion of service	ce with ECHS RATION ment or stake in ECHS e	in any ECHS	S empanelled medical medical facility namely
13.	Reason for leaving / te	ermination I have no	of servion of service	ce with ECHS RATION ment or stake in ECHS e	in any ECHS	S empanelled medical
(a) fac (b)	Reason for leaving / te	ermination I have no nployed /	DECLA employr had a sta whicevent of	ce with ECHS RATION ment or stake in ECHS en I relinquisher	in any ECH mpanelled r d on	S empanelled medical medical facility namely
(a) fac (b) fou (c)	Reason for leaving / tell I hereby declare that I lility or hospital or I was en I fully understand that I lind false or incorrect, action	I have no apployed /	of service DECLA employre had a sta whice event of taken ag	ce with ECHS RATION ment or stake in ECHS eth I relinquished any information	in any ECHs impanelled r d on on furnished	S empanelled medical medical facility namely (DD/MM/YY).
(a) fac (b) fou (c) pol (d) EC	Reason for leaving / tell I hereby declare that I lility or hospital or I was en I fully understand that and false or incorrect, action I undertake that the chyclinic where I may be applied.	I have no apployed / at in the en can be pointed.	employr had a sta event of taken ag olyclinic	ce with ECHS RATION ment or stake in ECHS experies in ECHS experies any information in the interval in the i	in any ECHS impanelled r d on choice and d on disciple	S empanelled medical medical facility namely (DD/MM/YY). d by me above being I agree to work in any extension of my ECHS
(a) fac (b) fou (c) pol (d) EC (e)	I hereby declare that I ility or hospital or I was en I fully understand that and false or incorrect, action I undertake that the chyclinic where I may be applicable in the establishment and I intract for being unsuitable	I have no apployed / at in the en can be noice of Prointed. The roices have never or by being the roices of the roices have never ne	employr had a sta whice event of taken ag olyclinic ve not be er been ng not re	ce with ECHS RATION ment or stake in ECHS et ake in ECHS et any information in a state	in any ECHS impanelled red on furnished and don disciple cond year ear the same	S empanelled medical medical facility namely (DD/MM/YY). d by me above being I agree to work in any extension of my ECHS

Signature _____