

**APPLICATION FORM : EMPLOYMENT IN ECHS**

1. Name of post applied for : \_\_\_\_\_

**(Application for post of OIC ECHS Polyclinic will not be accepted without Record of Service as per format attached)**

2. Choice of Polyclinic applied for (Delhi Cantt, Dwarka, Lodhi Road, Sect-37 NOIDA, Greater NOIDA, Dundahera (Gurugram), Sohna Road, Shakurbasti, Sect-82 NOIDA and Timarpur).

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

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

3. Name of Candidate: \_\_\_\_\_ Father's/ Husband Name \_\_\_\_\_

4. If ESM, write the fwg :-

(a) Service No \_\_\_\_\_ Rank \_\_\_\_\_ Arms/Service \_\_\_\_\_

Date of Retirement \_\_\_\_\_ AWPO Regn No \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ days (as on 01 Feb 2026).

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)

Ser No	Qualification	Year of Passing	Place & Name of School/Board/University	No of Attempts	% Marks
(a)	10 <sup>th</sup>				
(b)	12 <sup>th</sup>				
(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 / Dental Council Registration Cert, Work / ECHS Experience Cert (as applicable), No Objection Cert from current employer (if applicable), Valid Driving License for LMV /Hy Vehs (for drivers only) to be attached duly self attested. **Attempt Certificate/year wise mark sheets for passing MBBS/BDS. Application for OIC ECHS Polyclinic to be submitted in DUPLICATE alongwith copy of Record of Service.**

# **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 Feb 2026 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 :

**TO BE SUBMITTED BY CANDIDATES APPLYING FOR THE POST OF OIC ECHS POLYCLINIC  
ONLY (APPLICATIONS WITHOUT RECORD OF SERVICE WILL NOT BE ACCEPTED)**

**Appx `A' to AO 135/78**

**PERSONAL AND SERVICE PARTICULARS OF OFFICER**

(To be completed by units and fmnn in respect of officers in service with them)

1. Name in full (In Capital) :
2. Personal Number :
3. Rank :
  - (a) Substantive with date :
  - (b) Acting :
4. Regiment/Corps :
5. Type of commission with date & auth:-
  - (a) PC wef :
  - (b) PC (SL) :
  - (c) EC wef :
6. Dt of seniority for substantive promotion :
7. Dt of first commission :
8. Date of birth :
9. (As recorded by UPSC or in sheet roll)  
Place of birth :
10. Nationality :
11. Religious denomination :
12. Mother Tongue :
13. Medical Category :
14. Previous occupation :
15. CDA (O) A/C No :
16. Identity Card Number (Veteran I Card) :
17. AWPO/Equivalent Registration No :

Signature of Candidate \_\_\_\_\_



18. **Qualification.** (Only certs/Diplomas/Degrees/Fellowship approved by the Govt University should be stated. Start with matriculation or an equivalent standard examination only).

(a) **Academic.**

<u>S No</u>	<u>Name of School/College</u>	<u>Examination</u>	<u>Year</u>	<u>Division/Class</u>

(b) **Professional/Technical.**

<u>S No</u>	<u>Qualification</u>	<u>Institution</u>	<u>Year</u>	<u>Grading</u>

(c) Experience in civil trades/professions (Details in chronological order of civil professions in which served or gained experience prior to joining the Army).

<u>S No</u>	<u>Trade/Profession</u>	<u>Duration</u>	<u>Name &amp; Address of employer</u>

19. **Particulars of Former Service.** (This portion be completed as far as information is known to the offr. The name of the Regt/Corps Records office or Office/Dept from which authority permitting reckoning of former service can be obtained will be stated in coln 2, if it cannot be produced by the offr).

Particulars of state pre-commissioned service	Regt/Corps/Office/Department	Period		Total Service Yrs & Days	Remarks (Here auth permitting reckoning of service vice pension
		From	To		

(a) **OR Service.**

(i) Service No

(ii) Rank

(b) JCO/Equivalent Service

(c) Officer Service

(d) Other Reckonable Service

Signature of Candidate \_\_\_\_\_

20. If Commissioned after Passing out from NDA/IMA/OTS.

<u>S No</u>	<u>Name and Loc of Trg Est</u>	<u>Period</u>		<u>Course No</u>
		<u>From</u>	<u>To</u>	

21. Courses (ONLY ARMY/NAVY/AIR FORCE Courses to be Listed).

<u>S No</u>	<u>Name</u>	<u>Period</u>		<u>Institution &amp; Loc</u>	<u>Grading obtained</u>
		<u>From</u>	<u>To</u>		

22. Regimental and Extra Regimental Duties.

<u>S No</u>	<u>Fmn/Unit</u>	<u>Appt Held</u>	<u>Place</u>	<u>Period</u>		<u>Total</u>	
				<u>From</u>	<u>To</u>	<u>Yrs</u>	<u>Months</u>

Signature of Candidate \_\_\_\_\_

22. **Graded Staff Appointment and Instructional Employment other than Regimental.**

<u>S No</u>	<u>Formation/Unit</u>	<u>Appt held</u>	<u>Place</u>	<u>Period</u>		<u>Total period</u>
				<u>From</u>	<u>To</u>	

23. **Decorations Campaign Stars & Medals Awarded.**

<u>S No</u>	<u>Decoration/Stars/Medal</u>	<u>Unit serving at time of award</u>	<u>Authority</u>

24. **Permanent Home Address.**

House No :  
Village/Mohalla :  
Teh :  
PO :  
Distt :  
State :  
Nearest Railway Station :

I hereby certify that to the best of my knowledge and belief the particulars are correct and true in all respects.

Date :

(Signature of the Officer)