

Govt Of India, Ministry Of Defence
Ex-Servicemen Contributory Health Scheme
Application Form Pdf

NAME OF POST APPLIED FOR _____

Name of Polyclinics applied for _____

1. Name _____ If Ex-serviceman

write Service No _____ Rank _____

Arms/Service _____ Unit last served _____

Date of retirement _____

2. Date of birth _____ and

Age as on 30 Nov 2024 : _____ Years _____ Months _____ Days

3. Sex: : _____

4. Postal Address _____

_____ Pin _____

Mob No : 1. _____ 2. _____ E-mail ID _____

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

SI No	Qualification/ Degree	Year of Passing	Place and Name of School/College/ Institute/University/Board	No. of Attempts	%age of marks
(a)					
(b)					
(c)					
(d)					
(e)					

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

SI No	Place of work/Name of Institute and designation/ Appointment held	Period of Employment		Duration of employment	Experience Certificate Attached [Yes / No]	Reason for leaving to Job
		Form	To			

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 Defence/Central/State Govt _____
(Photocopy of ESM I-Card, Discharge book & PPO duly attested to be attached).

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

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

DECLARATION

[a] 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.

[b] 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 _____

Affix recent
passport size
photographs

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 _____
Resident of _____ Distt _____ State _____
a candidate for employment as (Name of Post) _____ hss been
medically examined and found to be physically & mentally fit to perform his/ her duties in ECHS Polyclinic.
2. His / her age as on 30 Nov 2024 is _____ years as per date of birth _____ recorded in
the documents.

Signature of Candidate

Signature of Medical Officer with Stamp

Place :

Date :

COUNTERSIGNATURE OF
SENIOR EXECUTIVE MEDICAL OFFICER (FOR ESM) / CHIEF MEDICAL OFFICER (FOR CIV)

Signature with Stamp

Place :

Date :