

VACANCY FOR EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS) POLYCLINICS
UNDER STATION HEADQUARTERS TRIVANDRUM

1. Applications are invited for short listing suitable candidates for contractual employment for 11/12 months duration at short notice as on required basis on vacancies occurring in ECHS Polyclinics as noted against each:-

Ser No	Category	Name of Polyclinic	No of Vac	Upper age for selection	Basic Qualification	Contractual fees (per month)
1.	Medical Specialist	Kollam	01	68 Yrs	MD/MS in specialty concerned. Minimum 03 years experience in the specialty after Post Graduation.	Full Time (5 hours) Rs 1,00,000/-
						Part Time (4 hours) Rs 3595/- per day
						Part Time 3 hours) Rs 2696/- per day
						Part Time 2 hours) Rs 1797/- per day
						Per day payment will change in case monthly payment will be revised.
2.	Medical Officer	Ranni	01	66 Yrs	MBBS. Minimum 03 years experience after internship. Preferable additional qualification in medicine / surgery.	Rs 75,000/-
3.	Dental Officer	Changanacherry	01	63 Yrs	BDS. Minimum 03 years work experience after internship.	Rs 75,000/-
		Ranni	01			
		Nagercoil	01			
		Tuticorin	01			
4.	Dental Hygienist	Changanacherry	01	56 Yrs	Should have passed 10 + 2 with Science or equivalent from a recognized Board or Institution and should have two years Diploma in Dental Hygienist/Dental Mechanic Course Registered with Central / State Govt or Dental Council of India. Class 1 DH/DORA Course (Armed Forces). Minimum five yrs experience.	Rs 28,100/-
5.	Chowkidar	Tuticorin	01	53 Yrs	Class 8 th or GD Trade for Armed Forces personal.	Rs 16,800/-

2. Tax will be deducted at source as applicable.

3. All candidates are required to submit their **Application as per Format given below along with Bio-data** (passport size photographs duly affixed) and attested copy of the under mentioned documents **by 31 Aug 2021 at Station Headquarters (ECHS), Pangode, Thirumala - PO, Trivandrum-695 006. Applications received by post after 31 Aug 2021 will not be considered:-**

- Educational certificates (including 10th/12th and Final exam passed certificate)
- Experience certificates (clearly showing period from & to) for counting total experience period applied for the post (To be attached as per seniority).
- Mark sheets.
- Attempts Certificate.
- Registration Certificate.
- Compulsory Rotatory Internship Certificate.
- Any other certificate required for the post applied for only
- Discharge book (Armed Forces candidates only)
- Pension Payment Order (Armed Forces candidates only)
- Latest medical fitness cert showing fit to perform the duties of post applied for from a Medical Officer.


As applicable

4. **Short listed candidates will only be called for Interview.**

5. **Notes.**

- (a) Candidates are permitted to apply for a vacancy in two ECHS Polyclinics locations (Name of Polyclinic Applied for) only. Only one application will be forwarded by a candidate. More than one application submitted by the candidates will not be considered for selection.
- (b) **Candidates earlier selected in last three years but unwilling to join duty need not to apply.**
- (c) Employment of all individuals will be at the discretion of the appointing authority. Change in terms and condition of employment arising out of unforeseen circumstances at any stage of employment without any prejudice would be without compensation at the discretion of the appointing authority.
- (d) Changes to this NOTICE if any will be posted on this web site only.
- (e) Anybody found using unfair means for securing appointment will be severely dealt with as per Code of Criminal Procedure Act 1973 on the subject.
- (f) **All those candidates who have worked in ECHS establishments / including Empanelled Hospitals will have clear gap of one year between the last appointments.**
- (g) Written test would be conducted if necessary for all categories at the time of interview. Hence, candidates are requested to bring written materials like, **Pen/pencil, eraser, writing board etc.** In case written exams are scheduled on a prior date the same would be notified to eligible candidates through SMS separately.

6. After scrutiny of the applications, received by ECHS Cell Station Headquarters Trivandrum on or before 31 Aug 2021, eligible candidates will only be informed telephonically/through e-mail to attend the interview. **Appointing authority reserves the right to reject/cancel applications based on incomplete applications/certificates/mandated qualifications/experience/ without assigning reasons.**

A handwritten signature in blue ink is located on the left side of the page. To its right, a large blue checkmark is drawn, extending upwards and to the right.

APPLICATION FORM FOR EMPLOYMENT IN ECHS

POST APPLIED FOR _____

Name of Polyclinics applied for - 1st. _____
 2nd _____ (Optional)

Affix recent
passport size
photographs

1. Name _____
 (If Ex-serviceman No _____ Rank _____
 Name _____
 Arms/Service _____ Unit last served _____

2. Category (ESM / Widow Sol (Died in service) / Dependent of ESM / Dependent of serving persons / Civilian.

3. Date of birth _____

4. Sex: M/F _____

5. Postal Address _____ Pin _____

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

6. Education Qualifications (Photocopies duly attested to be attached)

Ser	Qualification	Year of Passing	Place of Passing	No of Attempts	% marks
(a)					
(b)					
(c)					
(d)					
(e)					

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

Ser	Place of work/Hospital	Period of Employment		Total Exp		Reason for leaving the Job
		From	To	Yrs	Months	

8. Registration No and date of registration with Indian/State Medical Council/ Dental Council (Photocopy of registration to be attached).

9. Honours and Awards (Professional & Service)

10. Details of previous service in Army/Central/State Govt (Photocopy of ESM PPO & Discharge book to be attached duly attested).

11. Total pd of serving (including SSC if any) _____

12. Details of Previous service if any with **ECHS establishments / Empanelled Hospitals** and reason for termination _____

DECLARATION

1. I hereby solemnly declare that all the statements made in the above application are true and correct to be best of my knowledge and belief.

2. I fully understand and that in the events of any information furnished being found false or incorrect, action can be taken against me.

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Place : _____

Signature _____

Date : _____

Name of applicant _____

