



Embassy of India, Kathmandu (Nepal)



VACANCY : ECHS

1. Ex-servicemen Contributory Health Scheme (ECHS) is a medical scheme launched by Govt of India to provide free medical treatment to the Ex-servicemen (ESM) pensioners and their dependents of Indian Armed Forces. Applications are invited for following posts at ECHS Polyclinic Kathmandu, Pokhara and Dharan. Employment will be on contractual basis without any pensionary benefits :-

Ser No	Category	Max Age	Basic Qualification	Work Experience	Desirable Attributes	Salary in NPRs Per Month
FOR POLYCLINIC KATHMANDU						
1	Medical Specialist	70	MD/ MS in Specialty concerned/ DNB	Min 03 yrs in the Specialty after Post Graduation	Merit in MBBS. Merit in PG. Addl qualification	Rs 1,40,000/-
2	Medical Officer	68	MBBS	Min 03 yrs after internship Preferable addl qualification in medicine/ surgery	Merit in MBBS PG/ Other Addl qualification.	Rs 1,20,000/-
FOR POLYCLINIC POKHARA						
1	Medical Officer	68	MBBS	Min 03 yrs after internship Preferable addl qualification in medicine/ surgery	Merit in MBBS PG/ Other Addl qualification.	Rs 1,20,000/-
FOR POLYCLINIC DHARAN						
1.	Dental Officer	65	BDS	Min 05 yrs work experience after graduation	Merit in BDS. Work experience	Rs 1,20,000/-
2.	Peon	55	Education Class 8, GD trade (Armed Forces)	Min 5 yrs service.	Experience of more than 10 yrs.	Rs 26,880/-
3.	Chowkidar	55	Class 8 th or GD trade for Armed Forces personnel	-	-	Rs 26,880/-

2. Eligible candidates after short listing will be telephonically informed to be present for interview with their original documents. Preference will be given to the Indian Ex-servicemen with the requisite qualifications. Last date for submission of application is **15 Jun 2018**. Application may please be forwarded at the address mentioned below.

FOR KATHMANDU	FOR POKHARA	FOR DHARAN
AMA (ECHS) ECHS Branch Embassy of India Kapurdhara Marg Kathmandu Phone : 01-4001569	OIC ECHS Polyclinic Pension Paying Office Embassy of India Pokhara Phone : 061-430232	OIC ECHS Polyclinic Pension Paying Office Embassy of India Dharan Phone :025-532735
(a) Date and time of Interview	-	Will be informed subsequently
(b) Place of interview	-	ECHS Polyclinic Kathmandu, Pokhara and Dharan

Terms & Conditions.

- Age.** Candidates should meet the age criteria mentioned above.
- Contractual Terms & Conditions.** The contract will be for a period of one year subject to review of their conduct and performance during the employment. The contractual employees will not be entitled to any allowance, financial benefits or concessions as admissible to Govt employees.
- Working Hours.** The working hours for staff would be 48 hours per week (8x6) from Sunday to Friday, Saturday being a holiday.
- Medical Fitness.** Medical Fitness certificated has to be produced.



Ex-Servicemen Contributory Health Scheme (ECHS)

Embassy of India, PO Box 292,
336 Kapurdhara Marg, Kathmandu (Nepal).
Ph : 01-4001569, Website : www.indianembassy.org.np



APPLICATION FORM FOR EMPLOYMENT IN ECHS

Paste your
recent
passport size
photograph

1. Name of the Post : _____
2. Name of the Applicant : _____
3. If Ex-servicemen, Service No _____, Rank _____,
Arms / Services _____, Unit last served _____
and date of retirement _____.
4. S/o, D/o, W/o _____
5. Date of Birth : Date ____ Month ____ Year ____
6. Sex : Male / Female _____
7. Postal Address : _____
_____ PIN _____ (Proof of address to be attached)
Mobile No _____, Landline _____
Email ID _____

8. Education Qualification (Attach attested photocopy of certificates) :

Ser No.	Qualification / Degree	Year of passing	Place & name of School / College / Institute	% Marks	Year
(a)	10 th				
(b)	12 th				
(c)	Graduation				
(d)	Post Graduation				
(e)	Diploma / Degree				

9. Work Experience (Experience Certificate must be attached for consideration of experience).

Ser No.	Place of work / Name of Institute / Designation / Appointments held	Period of employment		Experience Certificate attached (Yes / No)	Reason for leaving the job
		From	To		
(a)					
(b)					
(c)					
(d)					
(e)					

10. Registration No. and Date of registration with MCI / NMC (Photocopy of registration and Nagrikta Praman Patra (NPP) to be attached).

11. Declaration by the applicant :

“I hereby declare that all the statements made and information provided by me in the Application Form are true. I also understand that in case, any of these is found false, I shall be disqualified forthwith for the post applied for or my engagement with ECHS shall be terminated forthwith and I shall also be liable for legal action”.

Place : _____

Dated : ____/____/2018

(Signature of the Applicant)