

# 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 Polyclinics 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 ECHS POLYCL	INIC KATHMANDU		
(a)	Medical Specialist	65	MD/ MS in Specialty concerned/ DNB	Min 03 yrs in the Specialty after Post Graduation	Merit in MBBS. Merit in PG. Addl qualification	Rs 1,60,000/
(b)	Nursing Assistant	55	BSc Nursing	Minimum 05 years of experience	Degree in Nursing/any diploma/Specialty nursing	Rs 44,960/-
(c)	Clerk	55	Graduate/ Class-1 Clerical trade (Indian Armed Forces)	Minimum 5 years experience	Computer qualifications. Experience of more than 10 yrs	Rs 31,520/-
			FOR ECHS POLYC	LINIC POKHARA		
(a)	Chowkidar	55	Class 8 <sup>th</sup> or GD trade for Armed Forces personnel	-	-	Rs 26,880/-
			FOR ECHS POLY	CLINIC DHARAN		
(a)	Medical Specialist	65	MD/ MS in Specialty concerned/ DNB	Min 03 yrs in the Specialty after Post Graduation	Merit in MBBS. Merit in PG. Addl qualification	Rs 1,60,000/
(b)	Peon	55	Education Class 8, GD trade (Armed Forces)	Minimum 5 yrs experience	Experience of more than 10 yrs	Rs 26,880/-
(c)	Clerk	55	Graduate/ Class-1 Clerical trade (Indian Armed Forces)	Minimum 5 years experience	Computer qualifications. Experience of more than 10 yrs	Rs 31,520/-

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 **16 Aug 2020**. 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. PPO, Embassy of India Pokhara, Phone : 061-430232	OIC ECHS Polyclinic PPO, 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.

1. <u>Age</u>. Candidates should meet the age criteria mentioned above.

2. <u>Contractual Terms & Conditions</u>. 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

3. <u>Working Hours</u>. The working hours for staff would be 48 hours per week (8x6) from Sunday to Friday, Saturday being a holiday.

4. <u>Medical Fitness</u>. Medical Fitness certificated has to be produced.

5. <u>Attestation Form</u>. An Attestation form as enclosed herewith is required to submitted alongwith the application form.



#### Ex-Servicemen Contributory Health Scheme (ECHS) Embassy of India, PO Box 292, 336 KapurdharaMarg, Kathmandu (Nepal). Ph : 01-4001569, Website : <u>www.indembkathmandu.gov.in</u>



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	Name	of the Applicant :						photograpi	
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"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 : \_\_\_/\_\_/2020

(Signature of the Applicant)

Photo	



### ATTESTATION FORM

(Verification of locally recruited staff in Mission/Post Abroad.)

## "WARNING"

If the fact that false information has been furnished or that there has been suppression of any factual information in the attestation form comes to notice at any time during the service of the person, his services would be liable to be terminated.

1.	Name in full (in block capitals)	SURNAME	NAME
	With aliases, if any.		
	(Please indicate if you have added or		
	dropped at any stage, any part of your		
	name surname)		
a)	Passport No., Place, Country & date of	f issue	
,	1		
b)	Nationality		
0)	1 delonanty		
2.	Present address in full:		
3	Permanent address in full:		
4.	Particulars of places (with periods) where	here you have reside	ed for more than one
year	r during the preceding five years.		

Residential address in full	Purpose of stay.
	Residential address in full

5. Name	Nationality	Place of Birth.	Occupation if employed (give designation & full address)	Permanent Home address
	s name in full ases if any.			
b) Mother		••••••		

2

6. (a)Place of birth : Distt. & State in which situated

(b) Date of birth

- 7. (a) Your religion
  - (b) (To be filled in only by persons of Indian origin) Are you a member of Scheduled Caste/Scheduled Tribe? Answer 'Yes' or 'No', and if the answer is 'Yes' state the name thereof)

8. Educational qualification showing places of education with years in School and

Name of School/college with	Date of	Date of	Examination passed
full address	entering	leaving	

9. If you have at any time been employed, please give details of your previous and present employment.

Designation or post held or description of work	<u>To</u>	Full address of the office firm or Institution	Full reasons leaving previous job.	for the

10. (a) Have you ever been arrested, prosecuted, kept under detention, bound down/fined/convicted by a court of law for any offence? If so, give details.

(b) Have you ever been the subject of proceeding in a court of law?

3 11. Name of two responsible persons of your locality or two references to whom you are known. (Give full address & Occupation).

(i)

(ii)

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment.

Place	Signature of the candidate		
Date	Designation		

(Certificate to be signed by National justice of Peace, Magistrate, or Member of Parliament or any other authority prescribed by the appointing authority)

Place Date	Signature Designation or Status and address _		
i)	Name, designation and full address of the appointing authority.	-	
ii)	Designation or the post held by the person in respect of whom enquiry is made.	-	
iii)	Date from which working in the present capacity.		
iv)	Date of joining the Mission.	- 1	