



**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 for ECHS Branch and ECHS Polyclinics Kathmandu, Pokhara & 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 |
|--------------------------------------|------------------------------------|---------|--|---|---|--------------------------|
| <b>FOR ECHS BRANCH KATHMANDU</b>     |                                    |         |  |   |   |                          |
| (a)                                  | Peon                               | 53      | Education Class 8/<br>GD Trade (Armed Forces)  | Minimum 5 years work service.   | Experience of more than 10 years  | NR 26,880/-              |
| <b>FOR ECHS POLYCLINIC KATHMANDU</b> |                                    |         |  |   |   |                          |
| (b)                                  | Laboratory Assistant               | 53      | DMLT/ Class-I Laboratory Tech Course (Armed Forces)  | Minimum 05 years experience in Laboratory   | Experience of more than 10 years  | NR 44,960/-              |
| (c)                                  | Nursing Assistant (Nurse/ General) | 53      | (i) BSc Nursing.<br><br>Or<br><br>(ii) GNM Diploma/ Class I Nursing Assistants Course (Armed Forces)   | Minimum 05 years experience   | Degree in Nursing/any diploma course in Specialty nursing. Experience of more than 10 years | NR 44,960/-              |
| (d)                                  | Chowkidar                          | 53      | Education – Class 8 <sup>th</sup> or GD trade for Armed Forces personal  | -   | -   | NR 26,880/-              |
| (e)                                  | Peon                               | 53      | Education Class 8/<br>GD Trade (Armed Forces)  | Minimum 5 years service.  | Experience of more than 10 years  | NR 26,880/-              |
| (f)                                  | Safaiwala                          | 53      | Literate   | Minimum 05 years work experience  | Experience of more than 10 years  | NR 26,880/-              |
| <b>FOR ECHS POLYCLINIC POKHARA</b>   |                                    |         |  |   |   |                          |
| (g)                                  | Gynaecologist                      | 63      | MD/MS in specialty   | Min 05 years in specialty after Post Graduation   | Merit in MBBS & PG. Additional qualification.   | Rs 1,60,000/-            |
| (h)                                  | Medical Officer                    | 63      | MBBS   | Min 05 years after internship<br>Preferable additional qualification in medicine/ surgery | Merit in MBBS PG/<br>Other Additional qualification.<br>Experience of more than 5 years     | Rs 1,20,000/-            |
| (j)                                  | Dental Officer                     | 63      | BDS  | Minimum 05 years work experience  | Merit in BDS.<br>PG/Other Additional qualification.<br>Experience more than 5 years         | Rs 1,20,000/-            |
| <b>FOR ECHS POLYCLINIC DHARAN</b>    |                                    |         |  |   |   |                          |
| (k)                                  | Laboratory Technician              | 53      | (i) BSc (Medical Lab Technology)<br><br>or<br><br>(i) Matriculation/ Higher Secondary/ Senior Secondary (10+2) with Science for Recognized institute/Board<br><br>(ii) Diploma in Medical Lab Technology (DMLT) from a Recognized institution. | Minimum 05 years work experience as Laboratory Technician                                 | -   | NR 44,960/-              |
| (l)                                  | Safaiwala                          | 53      | Literate   | Minimum 05 years work experience  | Experience of more than 10 years  | NR 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 **16 Jul 2023**. Application may please be forwarded at the address mentioned below.

| <b><u>FOR KATHMANDU</u></b>   | <b><u>FOR POKHARA</u></b>   | <b><u>FOR DHARAN</u></b>  |
|---|---|---|
| AMA (ECHS)<br>ECHS Branch, Embassy of India<br>Kapurdhara Marg<br>Kathmandu, Phone : 01-4430520 | OIC ECHS Polyclinic.<br>PPO, Embassy of India<br>Pokhara, Phone : 061-430232/431477 | OIC ECHS Polyclinic<br>PPO, Embassy of India<br>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. **Age.** Candidates should meet the age criteria mentioned above.
2. **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.
3. **Working Hours.** The working hours for staff (less Specialist) would be 48 hours per week. For Specialists (Medical Specialist & Gynecologist) the working hours would be 30 hours per week.
4. **Medical Fitness.** Medical Fitness certificated has to be produced.
5. **Attestation Form.** An Attestation form duly filled by individual and countersigned by Ward Officer/ CDO is mandatory to be submitted alongwith the application form. (Form enclosed).



## Ex-Servicemen Contributory Health Scheme (ECHS)

Embassy of India, PO Box 292,  
336 Kapurdhara Marg, Kathmandu (Nepal).  
Ph : 01-4430520, Website : [www.indembkathmandu.gov.in](http://www.indembkathmandu.gov.in)



### APPLICATION FORM FOR EMPLOYMENT IN ECHS

Paste your  
recent  
passport size  
photograph

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

- Education Qualification (Attach attested photocopy of certificates) :

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

- 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)     |   |                      |    |  |                            |
| (f)     |   |                      |    |  |                            |
| (g)     |   |                      |    |  |                            |

- Registration No. and Date of registration with MCI/ NMC (Photocopy of registration and NagriktaPramanPatra (NPP) to be attached).

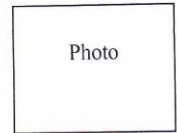
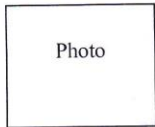
- Declaration by the applicant :

“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 : \_\_\_\_/\_\_\_\_/2023

(Signature of the Applicant)



ANNEXURE-II

**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 issue
- b) Nationality

2. Present address in full:

3. Permanent address in full:

4. Particulars of places (with periods) where you have resided for more than one year during the preceding five years.

| From | To | Residential address in full | Purpose of stay. |
|------|----|-----------------------------|------------------|
|      |    |                             |                  |

|         |             |                 |  |                        |
|---------|-------------|-----------------|--|------------------------|
| 5. Name | Nationality | Place of Birth. | Occupation if employed (give designation & full address) | Permanent Home address |
|---------|-------------|-----------------|--|------------------------|

a) Father's name in full with aliases if any.

b) Mother

b) Wife

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 College.

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

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 | PERIOD |    | Full address of the office firm or Institution | Full reasons for leaving the previous job. |
|---|--------|----|--|--|
|   | From   | To |  |  |
|   |        |    |  |  |

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?

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

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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)

Certified that I have known Shri/Smt/Kumari \_\_\_\_\_  
 son/daughter of Shri \_\_\_\_\_ for the last \_\_\_\_\_ years  
 \_\_\_\_\_ Months and that to the best of my knowledge and belief the particulars  
 furnished by him/her are correct.

Place \_\_\_\_\_ Signature \_\_\_\_\_  
 Date \_\_\_\_\_ 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.   | - |
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