

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 Type 'E' (Mobile) Polyclinic, Baglung. Employment will be on contractual basis without any pensionary benefits:-

Ser No	Category	Max Age during submission of application	Basic Qualification	Work Experience	Desirable Attributes	Salary in NPRs Per Month
		THE VACANCI	ES ARE FOR TYPE 'E' (MO	BILE) ECHS POLYCLINIC	AT BAGLUNG	
(a)	Medical Officer	63	MBBS	Min 05 years after internship preferable addl qualification in medicine/ surgery	Merit in MBBS PG/ Other Additional Qualification. Experience more than 5 years.	NPR 1,20,000/-
(b)	Nursing Assistant (Nurse/ General)	53	(i) BSc Nursing. Or (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	NPR 44,960/-
(c)	Driver	53	Education-8 class (Class-1 MT driver (Armed Forces) Possess a civil driving license	Min 5 yrs experience as driver	Heavy vehicle driving license. Experience of more than 10 years. First Aid Course	NPR 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 **26 Dec 2023**. Application may please be forwarded at the address mentioned below.

AMA (ECHS) ECHS Branch

Embassy of India Kathmandu

Kapurdhara Marg

Kathmandu, Phone : 01-4430520

(a) Date and time of Interview

Will be informed subsequently.

(b) Place of interview - Kathmandu or Baglung.

Terms & Conditions.

- 1. **Age**. 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. Working Hours. The working hours for other posts would be 48 hours per week (8x6).
- 4. **Medical Fitness**. 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).

336 KapurdharaMarg, Kathmandu (Nepal). Ph: 01-4430520, Website: <u>www.indembkathmandu.gov.in</u>



Paste your

APPLICATION FORM FOR EMPLOYMENT IN ECHS

1.	Name	of the Post :							recent	
2.	Name of the Applicant:					passport size photograph				
3.	If Ex-s	-servicemen, Service No, Rank,					priotograph			
	Arms / Services, Unit last served									
	and da	ate of retirement			·					
4.	S/o, D/o, W/o									
5.	Date of Birth : Date Month Year									
6.	Sex: Male / Female									
7.	Postal	Postal Address:								
	PIN (Proof of address to be a						be attached)			
	Mobile	e No		, I	Landline					
	Email	Email ID								
8.	Education Qualification (Attach attested photocopy of certificates):									
	Ser	Qualification /	Year.			name of So		%	Year	
	No.	Degree 10 th	passi	ng	/ Coll	ege / Instit	ute	Marks		
	(b)	12 th								
	(c)	Graduation								
	(d)	Post Graduation								
	(e)	Diploma / Degree								
9.	Work	Vork Experience (Experience Certificate must be attached for consideration of experience).								
	Ser	Place of work / Na	me of	1 5		nployment			Reason for	
	No.	Institute / Designation / Appointments held		From		То	Certificate lea		leaving the job	
		rippointments ii					(Yes / No)		Job	
	(a)									
	(b)									
	(c)									
	(d)									
	(e)									
10.		ration No. and Date anPatra (NPP) to be a			ation witl	h MCI/ NN	IC (Ph	otocopy	of registration and	
11.		ration by the applicar		uj.						
11.	Deciai	"I hereby declare th		the	statemen	ts made as	nd info	rmation	provided by me in	
		oplication Form are t	rue. I a	also	understa	nd that in	case, a	any of th	ese is found false,	
		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".								
	CIIIII	iatea fortifiwith and f	onan a	100 K	oc nabic i	or regar act	1011 .			
Place										
		//2023				(Signature	of the	Annlica	nt)	
Daica	• —	<i> </i>				(Signature	JI 1110	пррпса		

Photo

Photo

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.

ime	during	the servic	e of the person, his serv	rices would be ma	ble to be terminated.		
	Name in full (in block capitals) With aliases, if any. (Please indicate if you have added or dropped at any stage, any part of your name surname)						
a)	Pass	port No.,	Place, Country & date	of issue			
0)	Natio	onality					
2.	Prese	ent addres	s in full:				
3			lress in full:		il d for more than one		
4. year			places (with periods) v ding five years.	vhere you have re	esided for more than one		
F	rom	То	Residential address i	n full	Purpose of stay.		

5. Name	Nationality	Place of Birth.	em des	cupation if ployed (give ignation & full lress)	Permanent Home address
a) Father's nam with aliases i					
b) Mother					
b) Wife					
6. (a)Place of birt Distt. & Stat	h e in which si	: tuated			
(b) Date of bir	th				
Answer 'Ye name thereo	I in only by penember of Sces' or 'No', and of)	heduled Ca nd if the an	ste/Scheo swer is ''	duled Tribe? Yes' state the	years in School and
College.					
Name of School/ full addr		te of Date of Examination leaving			
		een employ	ed, please	e give details	of your previous and
9. If you have a present employmen Designation or posheld or descriptio of work	t. st <u>PERIOD</u>	een employ		dress of the firm or	of your previous and Full reasons for leaving the previous job.

- 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)
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.