

## 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
			FOR ECHS BRAN	CH KATHMANDU		
(a)	Driver	53	Education Class 8/ Class I MT Driver (Armed Forces) Posses a civil driving licence	Minimum 5 years experience as driver.	Heavy vehicle driving licence. Experience of more than 10 years. First Aid Course	NR 31,520/-
			FOR ECHS POLYCI	INIC KATHMANDU		
(b)	Officer in Charge Polyclinic	63	Graduate (100% reserve for Indian Armed Forces Retired Officers)	Minimum 05 years work experience in Health Care institutions or Managerial Positions	Additional managerial qualifications, Experience of more than 10 years. Computer qualification	NR 1,20,000
(c)	Medical Officer	63	MBBS	Min 05 years after internship Preferable additional qualification in medicine/ surgery	Merit in MBBS PG/ Other Additional qualification. Experience of more than 05 years	Rs 1,20,000/
(d)	Pharmacist	53	(i) B Pharmacy from a recognized institute.  Or  (i) 10 +2 with Science stream (Physics, Chemistry, Biology) from a recognized Board And  (ii) Approved diploma in Pharmacy from an institute recognized by the Pharmacy Council of India and registered as Pharmacy Act 1948	Minimum three years experience	Any Diploma/ Course in Specially Pharmacy	NR 44,960/-
(e)	Driver	53	Education Class 8/ Class I MT Driver (Armed Forces) Posses a civil driving licence	Minimum 5 years experience as driver.	Heavy vehicle driving licence. Experience of more than 10 years. First Aid Course	NR 31,520/-
			FOR ECHS POLY	CLINIC POKHARA		
(f)	Gynaecologist	63	MD/MS in specialty	Min 05 years in specialty after Post Graduation	Merit in MBBS & PG. Additional qualification.	Rs 1,60,000
			FOR ECHS POLY			
(g)	Medical Officer	63	MBBS	Min 05 years after internship Preferable additional qualification in medicine/ surgery	Merit in MBBS PG/ Other Additional qualification. Experience of more than 05 years	Rs 1,20,000/
(h)	Nursing Assistant (Physiotherapist)	53	Diploma/ Class 1 Physiotherapy Course (Armed Forces)	Minimum 05 years work experience	Experience of more than 10 years	NR 44,800/-

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 **18 Feb 2024**. Application may please be forwarded at the address mentioned below.

FOR KATHMANDU	J	FOR PO	KHARA	FOR DHARAN	
AMA (ECHS) ECHS Branch, Embassy of India Kapurdhara Marg Kathmandu, Phone: 01-4430520		PPO, Em	S Polyclinic. bassy of India Phone : 061-433232/431477	OIC ECHS Polyclinic PPO, Embassy of India Dharan, Phone :025-532735	
	te and time of Interview	-	Will be informed subsequently ECHS Polyclinic Kathmandu, Pokhara ar	nd Dharan.	

#### 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. <u>Working Hours</u>. 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. <u>Attestation Form</u>. 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.

Embassy of India, PO Box 292, 336 KapurdharaMarg, Kathmandu (Nepal).

Ph: 01-4430520, Website: www.indembkathmandu.gov.in



### APPLICATION FORM FOR EMPLOYMENT IN ECHS

	AFFLI	CATION F	OKM	FOR E	MPLOIMEN	11 111 1	ECHS	Paste your
1.	Name of the Post:							recent
2.	Name of the Applicant	Name of the Applicant :						passport size photograph
3.	If Ex-servicemen, Servi	ce No		, Rar	nk			
	Arms / Services	,	Unit	last ser	ved			
	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 :							1 1
					•			be attached)
	Mobile No							
	Email ID							
8.	Education Qualificatio	n (Attach a	attest	ed photo	copy of cer	tificate	es):	
	Ser Qualification	,			name of So		% M = =1==	Year
	No. Degree (a) 10 <sup>th</sup>	passi	ıng	/ Coll	ege / Instit	ute	Marks	
	(b) 12 <sup>th</sup>							
	(c) Graduation							
	(d) Post Graduation	ı						
	(e) Diploma / Degr	ee						
9.	Work Experience (Expe	rience Cer	tificat	te must i	be attached	for co	nsiderat	ion of experience).
	Ser Place of work /		Per	iod of en	nployment		rience	Reason for
	No. Institute / Desi		F	From	То		ificate	leaving the
	Appointmen	ts held					ched / No)	job
	(a)					,		
	(b)							
	(c)							
	(d)							
	(e) (f)							
	(g)							
10. Nagrik	Registration No. and I			tion wit	h MCI/ NM	MC (Ph	otocopy	of registration and
11.	Declaration by the app	icant :						
	"I hereby declar	e that all	the s	statemen	its made ai	nd info	ormation	provided by me in
	the Application Form a shall be disqualified for terminated forthwith an	re true. I thwith for	also ı the p	understa ost appl	and that in ied for or m	case, a ny enga	any of th	ese is found false, I
Place	:							
Dated	:/2024				(Signature	of the	Applica	nt)

Ph	oto	0	

P	ho	to

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.	With (Pleas dropp	aliases, if se indicate	e if you have added or stage, any part of your	SURNAME	NAME		
a)	) Passport No., Place, Country & date of issue						
b)	Natio	nality					
2.	Prese	nt address	; in full:				
3			ress in full:				
4.	Partio	culars of	places (with periods) wh	ere you have re	sided for more than one		
	during	the preced	ding five years.				
F	rom	То	Residential address in	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		Date		Date of leaving	Examination passe
		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.