

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 Pokhara**. Employment will be on contractual basis without any pensionary benefits:-

Ser No	Category	Max Basic Qualification Age		Work Experience	Desirable Attributes	Salary in NPRs Per Month	
(a)	Medical Specialist	63	MD/ MS in Specialty concerned/ DNB	Minimum 05 years in the specialty after Post Graduation	Merit in MBBS, Merit in PG. Additional qualification	NPR 1,60,000/-	
(b)	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/-	
(c)	Dental Officer	63	BDS	Minimum 05 years work experience	Merit in BDS. PG/Other Additional qualification. Experience more than 5 years	NPR 1,20,000/-	
(d)	Dental Hygienist	53	Diploma Holder in Dental Hyg//Class-1 DH/DORA Course Armed Forces	Minimum 05 years experience in Dental Laboratory	Experience of more than 10 years	NPR 44,960/-	
(e)	Laboratory Assistant	53	DMLT/ Class-I Laboratory Tech Course (Armed Forces)	Minimum 05 years experience in Laboratory	Experience of more than 10 years	NPR 44,960/-	
(f)	Laboratory Technician	53	(i) BSc (Medical Lab Technology) or (i) Matriculation/ Higher Secondary/ Senior Secondary (10+2) with Science for Recognized institute/Board (ii) Diploma in Medical Lab Technology (DMLT) from a Recognized institution.	Minimum 05 years work experience as Laboratory Technician	-	NPR 44,960/-	
(g)	Female Attendant	53	Literate	Min 5 yrs experience in Civil / Army Health institution	Experience of more than 10 years. First Aid Course	NPR 26880/-	
(h)	Chowkidar	53	Education – Class 8 th or GD trade for Armed Forces personal	-	-	NPR 26,880/-	
(j)	Radiologist	63	A recognized medical qualification included in the first or second schedule of Part II of the third schedule (other than licentiate qualifications) of the Indian Medical Council Act 1956. Holders of educational qualifications included in Part II of the third schedule should also fulfill the conditions stipulated in sub section (3) of section 13 of the Indian Medical Council Act 1956. And Post Graduate degree in the concerned specialty mentioned in section A or section B of schedule VI of central Health Service Regulations 1966.	Minimum three year experience in the concerned specialty after obtaining the post Graduate Degree or five year experience after obtaining Post Graduate Diploma. DMC Registration is a must	Merit in MBBS, Merit in PG additional qualification if any	NPR 1,60,000/-	
(k)	Driver	53	Education-8 class (Class-1 MT driver (Armed Forces) Possess a civil driving license.	Min 5 yrs experience as driver	than 10 years. First Aid Course	NPR 31,520/	
(1)	Physiotherapist	53	Diploma in Physiotherapy (For Ex-servicemen Class 1 Physiotherapy Course)	Minimum 05 years of experience	Experience of more than 10 years	NPR 44,960/-	

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 **19 May 2025**. Application may please be forwarded at the address mentioned below.

OIC ECHS Polyclinic Pokhara, c/o PPO Pokhara Embassy of India, Pokhara, Phone: 061-430232

(a) Date and time of Interview - Will be informed subsequently

(b) Place of interview - Pokhara.

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 would be 48 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 KapurdharaMarg, Kathmandu (Nepal).





APPLICATION FORM FOR EMPLOYMENT IN ECHS

		AITDICAL	ION I		I FOR EI	MF LO I MEN	11 111 1	<u>BCIIG</u>	Paste your
1.	Name of the Post :								recent
2.	Name of the Applicant :							passport size photograph	
3.	If Ex-servicemen, Service No, Rank					nk			
	Arms / Services, Unit last served and date of retirement								
	and date of retirement								
4.	S/o, D	/o, W/o							
5.	Date of	Birth: Date M	onth _	\	Year				
6.	Sex : Male / Female								
7.	Postal A	Address :							
			PIN _			(Proc	of of ac	dress to	be attached)
	Mobile	No		,	Landline				
	Email I	ID							
8.	Educa	tion Qualification (A	ttach a	ttes	ted photo	ocopy of cer	tificate	es):	
	Ser	Qualification /	Year	of	Place &	name of So	chool	%	Year
	No.	Degree	passi	ng	/ Coll	ege / Instit	ute	Marks	
	(a)	10 th							
	(b)	12 th							
	(c)	Graduation							
	` '	Post Graduation							
	(e)	Diploma / Degree							
9.	Work E	Experience (Experien					for co	nsiderat	ion of experience).
	Ser	Place of work / Na		Pe	riod of en	nployment	-	rience	Reason for
	No.	Institute / Designa			From	1 ()		ificate	leaving the
		Appointments h	eld					ched / No)	job
	(a)						\	, ,	
	(b)								
	(c)								
	(d)								
	(e)								
	(f)								
	(g)								
10. Nagrik		ation No. and Date anPatra (NPP) to be a			ation wit	h MCI/ NN	IC (Ph	otocopy	of registration and
11.	Declara	ation by the applicar	nt:						
	shall b		rue. I a	also the	understa post appl	and that in lied for or m	case, a ny enga	any of th	provided by me in lese is found false, I with ECHS shall be
Place	:								
Dated	:/	/2025				(Signature	of the	Applica	nt)

Pho	

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.

	J						
1.	With a (Please droppe	liases, if a	block capitals) any. if you have added or tage, any part of your	SURNAME	NAME		
a)	Passpe	ort No., P	lace, Country & date of	fissue			
b)	Nationality						
2.	Presen	t address	in full:				
3	Perma	nent addr	ess in full:				
4. year	Partice during the	ulars of p	laces (with periods) whing five years.	nere you have re	sided for more than one		
Fı	om	To	Residential address in	full	Purpose of stay.		

5. Name	Nationality	Place of Birth.	em	cupation if ployed (give signation & full lress)	Permanent Home address
a) Father's name with aliases is			,		
b) Mother					
b) Wife					
6. (a)Place of birth Distt. & Stat		: tuated			
(b) Date of bir	th				
Answer 'Ye name thereo	in only by prember of Sc s' or 'No', a f)	heduled Ca	ste/Scheoswer is ''	duled Tribe? Yes' state the	
8. Educational qu College.	alification sh	nowing pla	ces of ec	lucation with	years in School and
Name of School/college with full address			e of ring	Date of leaving	Examination passe
O If you have a	t any tima he	en employ	red nless	e give details	of your previous and
present employment	t	cii ciiipioy			
Designation or pos held or description of work		<u>To</u>	Full ad office Instituti	dress of the firm or	Full reasons for leaving the previous job.
10. (a) Have down/fined/convictor	you ever be	en arrested	l, prosect	uted, kept und	der detention, bound e details.

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

(b)

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.