	<b>Application For</b>	m For	Emplo	ment in ECH	IS, Amba	ala (	Cantt
POS	T APPLIED FOR						
Nam	ne of Polyclinics applie	d for				^ =	
1.	Name					Affix recent passport size	
	(If Ex-serviceman No Rank						otographs
	Arms/Service	eUnit last served					
2.	Date of birth						
3.	Sex: M/F						
1.	Postal Address						
	Dia	Mah Na					
	Pin	NOD NO			:-maii ib		3.0
5.	Education Qualification				be attache	ed)	
	Qualification	Year		Place of	No of		% marks
a)		Pass	sirig	Passing	Attempts		
b)							
c) d)		+		-	-		
e)							
<b>5</b> .	Work experience(Ex	nerieno	e certific	cate must be att	ached for a	ronei	ideration)
						Reason for leaving to Job	
							****
7.	Registration No a	nd date	of rec	istration with I	 ndian/State	- Me	edical Counci
				gistration to be a			Jaioai Godiioi
3.	Honours and Award	s(Profes	ssional 8	& Service)			
		1.5		*			
). Di	Details of previous scharge book to be at				ovt (Photo	copy	of ESM PPC
0.	Total pd of serving (	includin	g SSC if	f any)			
1.	Details of Previou	s servi	ce if ar	ny with ECHS	and reaso	on f	or termination
			DECL	ARATION			
1.	I hereby solemnly of	leclare		-	ade in the	aho	ve annlication
	rue and correct to be I					GDC	TO application
2.	I fully understand as or incorrect, action ca				mation fur	nishe	ed being found
uise	or mooned, action to	נוו טכ נמו	con ayaı	not me.			
Plac	e :			Signature_			
Date	) :			Name of ap	plicant		