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 the following posts at ECHS Polyclinic Kohalpur. 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
(a)	Nursing Assistant	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 58,400/-

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 **11 Sep 2026**. Application may please be forwarded at the address mentioned below. As per the policy, Reservation for ExSM under ECHS implies reservation for ExSM and widows of service personnel incl war window (Veer Naris). However, the same is not applicable to dependents of ExSM. Entire selection will be done on merit.

Assistant Military Attaché (ECHS),
Regional Centre, ECHS Nepal
Embassy of India, Kathmandu.
Phone : 01-4430520

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

(b) Place of interview - Will be informed subsequently.

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 other posts would be 48 hours per week (8x6).

4. **Medical Fitness**. Medical Fitness certificated has to be produced.

5. **Attestation Form**. 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).
Ph : 025-532735, Website : www.indembkathmandu.gov.in

APPLICATION FORM FOR EMPLOYMENT IN ECHS

Paste your recent passport size photograph

1. Name of the Post : _____

2. Name of the Applicant : _____

3. If Ex-servicemen, Service No _____, Rank _____,
Arms / Services _____, Unit last served _____
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 : _____
_____ PIN _____ (Proof of address to be attached)
Mobile No _____, Landline _____
Email ID _____

8. Education Qualification (Attach attested photocopy of certificates) :

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

9. 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)					

10. Registration No. and Date of registration with MCI/ NMC (Photocopy of registration and Nagrikta Praman Patra (NPP) to be attached).

11. 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 : ____/_____/2026 (Signature of the Applicant)

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.

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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 From	To	Full address of the office firm or Institution	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 _____

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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. -
