

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 post of Dental Hygienist at **ECHS Polyclinic Pokhara**. Employment will be on contractual basis without any pensionary benefits :-

Sei No	Category	Max Age	Basic Qualification	Work Experience	Desirable Attributes	Salary in NPRs Per Month
FOR E	CHS POLYCLINIC,	KATHM	ANDU EMBASSY OF INDIA, KATI	<u>HMANDU</u>		
(a)	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/-

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

OIC ECHS Po c/o PPO Pokh Embassy of Ir Phone : 061-4	ndia, Pokhara			
(a)	Date and time of Interview	-	Will be informed subsequently	
(b)	Place of interview	-	Pokhara.	

Terms & Conditions.

1. <u>Age</u>. 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 would be 48 hours per week.

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



	APPLICAT	CION F	ORM F	OR EN	<u>IPLOYME</u>	IT IN I	ECHS	Paste your
Name	of the Post :							recent
							passport size	
Name	of the Applicant :			-				photograph
If Ex-servicemen, Service No, Rank,								
Arms	/ Services	,	Unit la	st serv	ved			
and da	ate of retirement			•				
S/o, E	0/o, W/o							
Date o	of Birth : Date M	onth	Year	ſ				
Sex: 1	Male / Female							
Postal	Address :							
								be attached
Mobile	e No		, Lan	dline				
	ID							
Education Qualification (Attach attested photocopy of certificates) :								
Ser	of P	- lace &	name of Se	chool	%	Year		
No.	Qualification / Degree	passi	ng	/ Coll	College / Institute		Marks	
(a)	10 th							
(b)	12 th Graduation							
(c) (d)	Post Graduation							
(u) (e)	Diploma / Degree							
Work	Experience (Experien	ce Cert	tificate	must l	be attached	for co	nsiderat	ion of experi
Ser	Place of work / Na	me of	Period	l of en	ployment	Expe	rience	Reason for
No.	Institute / Designation /		Fro		То	Certi	ificate	leaving the
	Appointments held						ched / No)	job
(a)						(105	/ 110)	
(b)								
(c)								
(d)								
(e)								

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 : ___/2025

(Signature of the Applicant)

	Pho	oto			Photo
			ATTESTATIO	NFORM	ANNEXURE-II
		(Verifica	ation of locally recruited s	aff in Mission/P	ost Abroad.)
			"WARNI	NG"	
s 1	unnress	ion of any f	hat false information has factual information in the ice of the person, his servi	attestation form	comes to notice at any
-			(in block capitals)	SURNAME	NAME
	(F	Vith aliases, Please indica	ate if you have added or		
	di	ropped at an ame surnam	e) e) even by the stage, any part of your		
			, Place, Country & date of	fissue	
	a) F	assport No.	, Thee, Country & alle o	10000	
	b) N	Vationality			
	2. P	resent addre	ess in full:		
	3 P	ermanent ac	ddress in full:		
	4. P	Particulare of	f places (with periods) w	here you have re	sided for more than on
	year dur	ring the prec	eeding five years.		
	From	и То	Residential address in	full	Purpose of stay.

5. Name	Nationality	Place of Birth.	Occupation if employed (give designation & full address)	Permanent Home address
a) Father's	name in full			
	ases if any.			
	ases if any.			

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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

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	<u>To</u>	Full address of the office firm or Institution	Full reasons leaving previous job.	for the

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?

3 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)

Place Date	Signature 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.	-	