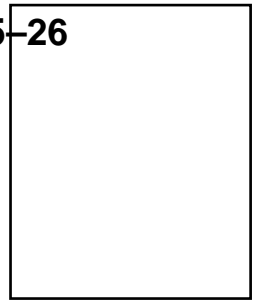


**GOVERNMENT OF INDIA – MINISTRY OF DEFENCE**  
**EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)**  
**STATION CELL, AMBALA CANTT**

**APPLICATION FORM – ECHS RECRUITMENT 2025-26**



1. Post Applied For (Clerk / Driver / Chowkidar / Peon / Other): \_\_\_\_\_ Affix Passport  
Station / Polyclinic Applied For: \_\_\_\_\_ Size Photograph

**2. Personal Details**

Full Name (CAPITAL letters): \_\_\_\_\_  
Father's / Husband's Name: \_\_\_\_\_  
Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_ Years  
Gender: \_\_\_\_\_ Category: ESM / Civilian  
Nationality: \_\_\_\_\_

**3. Contact Details**

Complete Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
District: \_\_\_\_\_ State: \_\_\_\_\_ PIN: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_ Email ID: \_\_\_\_\_

**4. Educational Qualification**

Qualification: \_\_\_\_\_ Board / University: \_\_\_\_\_  
Year of Passing: \_\_\_\_\_ Percentage: \_\_\_\_\_

**5. Professional / Technical Qualification (if applicable)**

\_\_\_\_\_

**6. Work Experience Details**

Organization / Unit: \_\_\_\_\_ Post Held: \_\_\_\_\_  
Duration: \_\_\_\_\_ Nature of Duties: \_\_\_\_\_

**7. Driving Details (For Driver Only)**

Driving Licence No: \_\_\_\_\_ Type: LMV / Transport  
Valid Upto: \_\_\_\_\_ Driving Experience: \_\_\_\_\_ Years

**8. Ex-Servicemen Details (If Applicable)**

Service No: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_  
Date of Discharge: \_\_\_\_\_