

Tele : 011-25684847
ASCON : 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2015


20 Feb 2015

IHQ of MoD (Navy)/PD ECHS (N)
Air HQ (Subroto Park)/DAV
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
All Regional Centre ECHS



CLARIFICATION ON TERM 'FAMILY' FOR ENROLMENT INTO ECHS

1. Further to this HQ letter of even Number dated 05 Apr 2007.
2. Correct format of certificate of disability is enclosed herewith for your necessary action please.
3. **All Regional Centres only**. You are requested to disseminate the content of the letter to all the Polyclinics for implementation in letter and spirit.


(Sanjeev Saroch)
Col
Dir (Ops & Coord)
for MD ECHS

Internal

Web JCO

- for upload on ECHS website please.



CERTIFICATE OF DISABILITY

(For ECHS Membership Only to be submitted alongwith ECHS Application Form by AFV)

"THIS CERTIFICATE IS NOT VALID FOR MEDICO-LEGAL PURPOSE"

File/Ref No. _____ Name of Hospital _____

This is to certify that Shri _____ Aged (years) Son/Daughter of
 No. _____ Rank _____ (Retd) Name _____ is a case
 of _____ (Diagnosis) with onset of disability at
 _____ years of age.

He is physically/mentally handicapped/challenged and the disability is of a permanent nature. It is also certified that the individual is unable to be gainfully employed/or can have only restricted employability status due to his disability and cannot earn his livelihood. His percentage of disability is _____ %.

Clinical Notes(if any)

Affix attested
 photographs of
 individual

 (Signature/Thumb impression of
 Individual)

 (Signature and Stamp of Classified Specialist)
 or concerned Specialist at Service Hospital

 (Signature and Stamp of Senior/Addl Advisor
 Of Speciality/Allied Speciality)
 or HoD of concerned Specialist of Govt Hospital

COUNTERSIGNED

Place :

Commandant of Service Hospital
 or
 Chief Medical Officer/Civil Surgeon
 Govt Hospital

Date :

Note :

1. To be filled at Govt Hospital by concerned specialist.
2. Signature of Senior Advisor required.
3. Photograph to be attested by specialist certifying the disability.
4. In the event of Senior Advisor/Addl Advisor of concerned/allied speciality not being available locally, the recommendation of concerned Allied/Senior Advisor Zone may be obtained.