भारत इलेक्ट्रॉनिक्स
BHARAT ELECTRONICS
QUALITY. TECHNOLOGY. INNOVATION.

# APPLICATION FORM FOR THE POST OF MEDICAL OFFICER (E-II) (ON FIXED TERM BASIS) FOR NAVI MUMBAI UNIT

**Advt. No.: 17004/NAMU/2026/MO/FT/01 Dt 25.11.2026**

Affix recent passport size colour photograph here & sign across the photo

1. Name of the Candidate in full:

_____

(As per 10th / SSLC / SSC Certificate)

2. Father's Name:

_____

3. Date of birth: (DD/MM/YYYY) _____Age: _____YY_____MM (as on 01.04.2026)

4. Gender: _____

5. Category: _____(GEN / OBC (NCL) / SC / ST/ EWS)

6. Indicate (tick) if a Person with Benchmark Disability (PwBD): OH / VH / HH
If yes, percentage of disability _____

7. Nationality: _____

8. Religion: _____

9. **Permanent Address:**

_____

_____

District: _____State_____Pin

Code:_____

e-Mail ID : _____Mobile No:_____

**Correspondence Address:**

_____

_____

District: _____ State_____

Pin Code: _____

e-Mail ID : _____Mobile No:_____

(All correspondence will be made to this email id only)

**10. QUALIFICATION** (from SSLC/SSC onwards):

| **Qualification** | **Discipline** | **Class Secured** | **Year of Passing** | **Name of the Institution studied** |
|---|---|---|---|---|
| 10th Standard (SSLC / SSC) | | | | |
| 12th Standard / Diploma | | | | |
| MBBS | | | | |
| Others if any | | | | |

## 11. POST QUALIFICATION EXPERIENCE DETAILS :
**(Start with the present one & separate sheet may be used & enclosed if required)**

| Name of the Organization | Experience | | Designation | Cost to the Company | Brief on duties & responsibilities (Use separate sheet for if required) |
|---|---|---|---|---|---|
| | From DD/MM / YYYY | To DD/MM / YYYY | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Note:** 1. Academic / Teaching experience and Research work experience will not be considered.
2. The work experience declared above will be considered as one of the parameter to short-list for written test.

12. Have you appeared for any previous selections for Appointment in BEL / worked/ working in BEL, if so, please furnish the details in brief:

_____

_____

13. Please give particulars of your relative employed in BEL, if any:

| Name | Relationship | Designation | Department | SBU/Unit |
|---|---|---|---|---|
| | | | | |

14. FEE PAYMENT DETAILS (IF APPLICABLE)

| SBI collect reference No. | Date of Payment | Amount |
|---|---|---|
| | | |

15. The following copies of the Certificates are to be self-attested and attached to the application in the following order:

| Sl. No. | Copies of Certificates | Yes / No / Not Applicable |
|---|---|---|
| 1 | Self-attested copy of SSLC / Matriculation Certificate (proof of age) | |
| 2 | Self-attested copy of PUC/12th Class Marks Card. | |
| 3 | Self-attested copies of MBBS. Marks cards for having passed all semesters/years. | |
| 4 | Self-attested copy of Medical Council Registration Certificate | |
| 5 | Self-attested copies of Provisional/Final Degree Certificate | |
| 6 | Post qualification work experience certificate/s from previous to current employer. Where current employment certificate is not produced, the Offer of current employment, latest salary slip and Employee ID proof should be compulsorily enclosed to determine the No of years of experience. | |
| 7 | A separate write up mentioning the details of Duties and Responsibilities in the current and previous jobs. | |
| 8 | Caste / Tribe / Disability certificate (if applicable). (OBC (NCL) / SC /ST/EWS/ PwBD) certificate should be latest and strictly in the prescribed formats. | |
| 9 | No Objection Certificate (if applicable) for Candidates working in PSUs /Government / Quasi Government organizations. | |
| 10 | Application Fees Receipt – if applicable | |
| 11 | Any other Certificates / Testimonials (if any, may be attached) | |

## UNDERTAKING

I affirm that the information given above is true and correct. I further undertake that, if at any stage, it is discovered that an attempt has been made by me to willfully conceal or misrepresent the facts stated above, my candidature may be summarily rejected or my engagement be terminated.

**Date:**

**SIGNATURE OF THE CANDIDATE**

**Place:**