भारत हेवी इलेक्ट्रिकल्स लिमिटेड
Bharat Heavy Electricals Limited
(भारत सरकार का उपक्रम / A Government of India Undertaking)
CIN: L74899DL1964GOI004281
पावर सेक्टर पूर्वी क्षेत्र / Power Sector Eastern Region
भेल भवन, प्लॉट सं. – डी जे – 9/1, साल्ट लेक सेक्टर– II, कोलकाता - 700091, फोन 03323398000
BHEL Bhawan, Plot No. DJ- 9/1, Salt Lake Sector- II, Kolkata – 700091 Phone: 033-23398000
मानव संसाधन विभाग/ **Human Resource Department**

Bio-Data Cum Application Form

FOR ENGAGEMENT AS PART TIME MEDICAL CONSULTANT

Advt. No. BHEL/PSER / PTMC/2026/02

Please affix self-attested Passport size photograph

(Duly filled in Bio-Data Form to be sent along with below mentioned documents)

1. POST APPLIED FOR: A Candidate can apply for maximum two post.

   Please Tick for the post you are applying for: PTMC – 01 PTMC – 02 PTMC – 03

2. NAME (in capital letters as per Matriculation):

3. FATHER'S NAME:

4. DATE OF BIRTH: (dd/mm/yyyy)

5. AGE (in years & months: as on 01.11.2026)

6. Name of the Organization where you have Worked / Working:

7. NATIONALITY

8. ADDRESS FOR CORRESPONDENCE

9. EDUCATIONAL QUALIFICATIONS

Qualification	College/ University	Full Time/ Part Time	Specialization	Period (From -To)	Year of passing	Marks obtained	% of marks	Whether recognized by MCI
MBBS								
PG Diploma								
MD/MS / DNB								
Others								

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10. EXPERIENCE DETAILS

Name of Organization and Address	Govt/PSU/ Semi-Govt/Private Practice	Type of Engagement (Regular/Contract/ Private Practice)	Designation/ Area of Work	Period From	Period To

11. Medical Council of India / State Medical Council Registration:

Regn. No. _____ Date of Regn. _____ Valid up to _____

12. Phone number / Mobile No. _____

13. E mail ID: _____

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DECLARATION

I hereby declare that the statements made by me in this bio data form are true and complete. If I am engaged and the company finds at any time that any part of the information given by me is incorrect and false or that I have concealed any relevant information, I agree that my engagement shall be liable to be terminated immediately without any notice or compensation.

DATE…… **SIGNATURE**……

PLACE…… **NAME**……

Checklist of documents:

1. DOB Proof- SSC/ Matriculation Certificate
2. MBBS Certificate and Mark Sheet(s)
3. Registration Certificate for MBBS issued by Medical Council of India or by State Medical Council.
4. In case of retired professional, Superannuation/Retirement along with Reliving order from their previous employer where he/she was engaged prior to application to BHEL.
5. In case of working professional, they must submit their Last Salary Slip / Joining Order.