BHARAT HEAVY ELECTRICALS LIMITED
HEEP, RANIPUR, HARIDWAR

PLEASE AFFIX PASSPORT SIZE PHOTOGRAPH SELF ATTESTED

BIO DATA

FOR ENGAGEMENT AS PART TIME MEDICAL CONSULTANT

Advertisement No. 02/2026

(Duly filled Bio-Data Form to be brought at the time of Walk-in Interview)

1. POST APPLIED FOR:

2. NAME (IN CAPITAL LETTERS AS PER HIGH SCHOOL CERTIFICATE):

3. FATHER'S NAME:

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

5. AGE (in years & months: as on 01.07.2026)

6. CATEGORY (GEN/SC/ST/OBC/EWS):

7. NATIONALITY:

8. PHYSICALLY CHALLENGED? (YES/NO):

IF YES(VH/OH/HH):

% AGE

9. EX-SERVICEMAN? (YES/NO):

IF YES, YEARS OF SERVICE:

10. ADDRESS FOR CORRESPONDENCE

.....

.....

.....

.....

11. EDUCATIONAL QUALIFICATIONS

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

12. EXPERIENCE DETAILS

Name of Organisation and Address	Private / Govt/ Semi Govt/ Others	Type of Engagement (Regular/Contract/ Ad Hoc/Private Practice)	Designation/ Area of Work	Period From	Period To

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

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

14. Have/has your parent(s)/spouse been in service of BHEL? (YES/NO) _____

If yes, please furnish details:

(a) Status of Employment: _____
(Serving / Retired / Death during service /Death after service)

(b) Staff Number & Unit: _____

15. Phone number / Mobile No. _____

16. E mail ID: _____

DECLARATION

I hereby declare that 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 summarily without any notice or compensation.

DATE…… **SIGNATURE**……

PLACE…… **NAME**……..