



**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. 01/2026

(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

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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.....