

भारत इलेक्ट्रॉनिक्स ल मटेड  
कोटद्वार-246149 (उत्तराखंड)  
**BHARAT ELECTRONICS LIMITED**  
KOTDWARA- 246 149 (UTTARAKHAND)  
**APPLICATION FOR THE POST OF "MEDICAL OFFICER"**

Affix the  
photograph and  
across the  
signature

1. **Name in full:** (Mr./Ms.)  
(As per SSLC certificate) -----
2. **Age :** -----
3. **Date of Birth:** -----
4. **Gender: Male/Female/  
Others :** -----
5. **Father's Name :** -----
6. **Nationality :** -----

7. **Category:** GEN/SC/ST/OBC/EWS  
(Enclose Certificate in the prescribed format)

8. **Whether Physically Challenged :** YES/NO

| OH | VH | HH |
|----|----|----|
|    |    |    |

9. **If yes, indicate nature of Disability:**  
(Disability certificate in the prescribed format to be enclosed)

10. **Religion:** Hindu/Muslim/Christian/Sikh/Neo-Buddhist/  
Zoroastrian, others (please specify): -----

11. **Marital Status:** -----

12. **Others:**
- a) Hobbies/Special Interests: -----
- b) Whether participated in NCC/Scouts/Cultural  
activities/Debate/Competition/Sports etc. (Please specify) : -----

13. **Qualification** (Academic /Professional) :

| S.N. | EDUCATION | INSTITUTION | MAIN SUBJECT | GRADE OR % | YEAR OF PASSING |
|------|-----------|-------------|--------------|------------|-----------------|
| 1    | SSLC      |             |              |            |                 |
| 2    | 12TH      |             |              |            |                 |
| 3    | M.B.B.S.  |             |              |            |                 |
| 4    | OTHERS    |             |              |            |                 |

14. **Experience** (Start with current engagement) :

| COMPANY                 | DESIGNATION | FROM<br>DD/MM/YY | TO<br>DD/MM/YY | DURATION<br>OF WORK | NATURE OF<br>WORK | SALARY |
|-------------------------|-------------|------------------|----------------|---------------------|-------------------|--------|
|                         |             |                  |                |                     |                   |        |
|                         |             |                  |                |                     |                   |        |
|                         |             |                  |                |                     |                   |        |
| <b>TOTAL EXPERIENCE</b> |             |                  |                |                     |                   |        |

Enclose separate sheet if required.

15. **Details of relative employed in BEL, if any:**

- a) Name : .....
- b) Relationship: .....
- c) Designation : .....
- d) Department : .....
- e) Unit : .....

16. **Address with Pin Code:**

Permanent Address

|            |
|------------|
|            |
|            |
| District : |
| State :    |
| Pin Code : |

Correspondence Address

|            |
|------------|
|            |
|            |
| District : |
| State :    |
| Pin Code:  |

- c) Mobile No. : .....
- d) e-mail id : .....

**17. Undertaking**

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

Date:

Place:

**SIGNATURE THE CANDIDATE**