



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 DD/MM/YY	TO DD/MM/YY	DURATION OF WORK	NATURE OF WORK	SALARY
TOTAL EXPERIENCE						

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. :

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