



BHARAT HEAVY ELECTRICALS LIMITED

(A Govt. of India Undertaking)
HEAVY POWER EQUIPMENT PLANT
RAMACHANDRAPURAM : HYDERABAD 502032
(HUMAN RESOURCE MANAGEMENT)

APPLICATION FOR THE POST OF PART TIME MEDICAL CONSULTANT

1. Position Code

2. Position Name & Specialty

Part Time Medical Consultant

Specialty/ Discipline

Affix recent
passport size
photograph duly
signed by the
candidate

3. Name (in capital letters)

4. Father's Name

5. Date of Birth
(DDMMYY)

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6. Age

(Upper Age limit- 65 Years as on
01/04/2021)

(Years)

(Months)

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7. Gender - Please tick (√)

Male

Female

Transgender

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8. Ex-Servicemen – If Yes (Service in Years)

9. Caste/Category - Please tick (√)

Gen

OBC

SC

ST

EWS

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10. Nationality

11. Religion

12. Whether Physically Challenged- Please tick (√)

(Yes)

(No)

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13. If yes, Please tick (✓) the type of disability & specify percentage of disability

Locomotor	Hearing	Visual	Disability %
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14. Address for Correspondence :

H No. _____	City: _____
Village/ Mandal: _____	State: _____
Dist: _____	Pin code: _____

15. Qualifications

Examination Passed/ Name of Course	Full time/ Part time / Correspondence	University & State	Year of passing	Duration of Course	Total Marks	Marks obtained	% of Marks
SSC							
MBBS							

16. Higher Qualifications

Examination Passed/ Name of Course	Full time/ Part time / Correspondence	University & State	Specialization	Year of passing	Duration of Course	Total Marks	Marks obtained	% of marks

17. Registration Certificate of Medical Council of India or State Medical Council

Degree (MBBS):

Certificate Registered: Yes/No

State:

Certificate No. Dated: Valid upto

PG Degree/ Diploma:

Certificate Registered: Yes/No

State:

Certificate No. Dated: Valid upto

18. Experience-As on 01/04/2021 (Starting from latest)

Name of Organization & Address	Private /Govt /Semi Govt/Other	Designation/ Area of Work	Type of Engagement (Regular /Contract/ Adhoc / Private Practice)	Experience From Date	Experience To Date

19. Presently Employed

Please tick (√)

(Yes)

(No)

20. Mobile No.**21. Landline No.****22. E-mail ID ******Future communications will be through email only.****23. Languages****Known**

(Please tick √)

Language	Read	Write	Speak

Declaration

I hereby declare that all statements as mentioned in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any particulars or information given above being found false or incorrect, or if at any stage it is found that I do not possess the prescribed qualification for the post, my candidature will be rejected ab initio and I will not have any right/claim to the post. I also declare that I have not been convicted nor there is any Case/Investigation/Trial relating to a Criminal Offence against me, as on date.

Date:

Signature of the Candidate

Place:

Enclosures: Self Attested photocopy of

1. DOB Proof- SSC/Intermediate Certificate
2. MBBS Certificate
3. MD/MS/DNB/PG Diploma Certificate (if applicable).
4. Registration Certificate for MBBS issued by Medical Council of India or by a State Medical Council.
5. Registration Certificate for MD/MS/DNB/ PG Diploma issued by MCI/State Medical Council(if applicable).
6. Proof of Experience (if applicable)- Preferably an Experience Certificate on letter head from an Organisation/Hospital issued by a Competent Authority.
7. No Objection Certificate: Persons employed in Govt./Semi-Govt./ Public Sector Undertakings/ Autonomous bodies should apply through Proper Channel.