



# भारत हेवी इलेक्ट्रिकल्स लिमिटेड

**Bharat Heavy Electricals Limited**

पावर सैक्टर दक्षिण क्षेत्र / Power Sector – Southern Region

चेन्नै / Chennai - 600 100

## **APPLICATION FORMAT FOR WALK-IN INTERVIEW FOR SELECTION AS PART TIME MEDICAL CONSULTANT**

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 01.09.2024) :

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

7. NATIONALITY :

8. PHYSICALLY CHALLENGED : YES / NO %  
IF YES (VH/OH/HH) PERCENTAGE

9. EX-SERVICEMAN : YES / NO Yrs.  
IF YES YEARS OF SERVICE

10. ADDRESS FOR CORRESPONDENCE :

11. EDUCATIONAL QUALIFICATIONS :

Qualification	College/ University	Full Time/ Part Time	Specializ ation	Period (From -To)	Year of Passing	Marks obtained / Max Marks	% of Marks	Whether recognised by MCI
MBBS								
MD								
Others (if any)								

PLEASE AFFIX

PASSPORT SIZE

PHOTOGRAPH SELF

ATTESTED



12. EXPERIENCE DETAILS

Name of the Organization and Address	Private/ Govt./ PSU/ Others	Type of engagement (Regular/ Contract/ Part Time/ Private Practice)	Designation	From	To

13. Registration Certificate of Medical Council of India or, State Medical Council

Certificate No..... dated..... Valid upto .....

14. Have you applied for any other vacancies somewhere else currently: YES / NO

If yes, please give name of the employer/organization and date for selection process and its current status

14. EMAIL ID :

15. MOBILE NO. :

16. 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

**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.....



**Enclosures:**

1. *High School Mark sheet / Certificate*
2. *Intermediate Mark sheet / Certificate*
3. *MBBS Degree Certificate with all Mark sheets.*
4. *MD Degree Certificate with all Mark sheets. (If applicable)*
5. *Registration Certificate issued by the Medical Council of India or by a State Medical Council*
6. *Experience Certificate (if applicable)*