



**13. EXPERIENCE DETAILS**

Name of organization and address	Private/Govt./Semi Govt./Others	Type of Engagement (regular / Contract / Ad hoc / Private practice)	Designation / Area of work	From period	To Period

**14. Registration Certificate of Medical Council of India or State Medical Council**

MBBS/ State: ..... Specialist:...../ State: .....

MBBS - Certificate No..... dated..... Valid Up to.....

Specialist - Certificate No..... dated..... Valid Up to.....

**15. 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.

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**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:

**17. Phone / Mobile No. :**

**18. 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.....