

**APPLICATION FORM FOR PART TIME MEDICAL CONSULTANT (PTMC)
BHARAT HEAVY ELECTRICALS LIMITED, SBD/ISG**

Post Applied for, 1) 2)

Affix recently taken Passport size photograph

1) Name (in CAPITAL LETTERS)

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2) Mailing Address

.....
.....
.....
.....

Pin

Contact Telephone No Mobile No.....

E-mail

3) Date of Birth

4) Marital Status - Unmarried/Married/Other (please specify)

5) Religion Nationality

6) Father's Name Occupation & Organisation, if applicable

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.....
.....

7) Spouse's Name, Occupation & Organisation, if applicable (in case of married candidate)

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.....
.....

8) Are you an ex-serviceman (worked with Armed forces)? Give details : Yes No

If yes, give following details:

<input type="checkbox"/>	<input type="checkbox"/>
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Service Rank last held

Period of service : From To Reason for leaving

9) Whether a disabled person ? Yes No if yes, give following details

Type of disability : Locomotor Hearing impairment

% of disability:

.....

10) Have you suffered from any major illness/accident : (Please Specify)

.....

11) Educational Background:

a) Schooling:

	School	Name of Exam	Board	Duration		Main Subjects	Max. Marks	Marks Obtained
				From	To			
X or Equiv								
XII or Equiv								

b) MBBS

Name of College / Institute / University	From	To	Max. Marks	Marks Obtained	Attempt (1st/ Subsequent)

Aggregate % of marks %

c) Certifications/ Other Academic Qualifications

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d) Registration Details

Qualification	Registration No. (Medical Council of India)	Registration No. (State Medical Council)	Name of State Medical Council

12) Please specify

a) Academic /Research/Achievements you want to mention:

.....

b) I want to join BHEL because

.....

.....
.....
13) Please give complete details of your past and present employment/occupation till date

Work Experience details

SN	Organisation & Place	Position Held	From	To	Total monthly emoluments	Reason for leaving

14) Have you been interviewed for any post in BHEL earlier? Yes No

If yes, furnish following details

Post

Unit/Division
.....

Date of Interview
.....

Result
.....

15) Has your parent/spouse been in service of BHEL? Yes No

If yes, give following details

Name of Parent/Spouse Staff No

Designation Unit/Division
.....

Present Status: (Employed presently/Resigned/Retired/Voluntarily Retired/Deceased)

DECLARATION

I hereby declare that statements made by me in this form are true and complete. If I am appointed and the Company finds at any time that any part of the information given by me is incorrect or false or that I have concealed any relevant information, I agree that my appointment shall be liable to summary termination without any notice or compensation and I am liable to refund the expenses incurred by the Company on me.

Date

Signature

Place

Name

Enclosures

Photocopies of the following certificates/testimonials/experience certificates:

1. Tenth class (High School) Certificate
2. Degree /Post Graduation Certificate (MBBS/PG Diploma/MD/DNB/DM/MCH etc)
3. Registration certificate (MCI)
4. Certificate regarding the Degrees (MBBS/PG Dip/MD/DNB/DM/MCH) being recognized by MCI
5. Other relevant documents