

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 |
|--------------------------------------|-----------------------------|---|-------------|------|----|
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| | | | | | |

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.....

Self-Attested copies of the Enclosures:

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