



भारत हैवी इलेक्ट्रिकल्स लिमिटेड / BHARAT HEAVY ELECTRICALS LIMITED  
क्षेत्रीय परिचालन प्रभाग, मुंबई / REGIONAL OPERATIONS DIVISION, MUMBAI  
१४/१५ वी मंज़िल, वर्ल्ड ट्रेड सेंटर, कफ परेड, कुलाबा, मुंबई - 400 005  
14/15<sup>TH</sup> FLOOR, WTC, CUFFE PARADE, COLABA, MUMBAI- 400 005

**BIO DATA FORM FOR WALK IN INTERVIEW APPLICATION FOR  
ENGAGEMENT AS PART TIME MEDICAL CONSULTANT**

1. Position Code  
Please tick (√)

PTMC 01 / PTMC 02

Affix recent  
passport size  
photograph duly  
signed by the  
candidate

2. Name (in capital letters  
As per School Certificate)

3. Father's/Husband's Name

4. Date of Birth  
(DDMMYY)

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5. Age as on 01.05.2022

(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. Whether Physically Challenged- Please tick (√) 

(Yes)	(No)
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12. If yes, Please tick (√) the type of disability & specify percentage of disability

Loco.	Hearing	Visual	Disability %
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13. Address for Correspondence :

H No. \_\_\_\_\_ City: \_\_\_\_\_

Village/ Mandal/Street: \_\_\_\_\_ Dist: \_\_\_\_\_

Nearest Landmark: \_\_\_\_\_

State: \_\_\_\_\_ Pin code: \_\_\_\_\_

Mobile: \_\_\_\_\_ Phone/Landline: \_\_\_\_\_

Email \*: \_\_\_\_\_

**\*Future communications will be through email only.**

14. Educational Qualifications ( starting from SSC onwards till Highest Qualification)

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

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

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

**18. Experience-As on 01/05/2022(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. Have you applied for any other vacancies somewhere else currently : YES / NO**

If yes, please give details. \_\_\_\_\_

**20. Have/has your parent(s)/spouse been in service of BHEL.**

If yes, please give details.( Name, Designation, Staff No, serving/retired, Unit/Location)

**21. Languages Known**  
(Please tick ✓)

Language	Read	Write	Speak

**Declaration**

I have understood the terms and conditions of the engagement.

I hereby declare that all statements/information as mentioned in this form are true, complete and correct to the best of my knowledge and belief. If same is found incorrect/false, I will not have any right/claim to the engagement.

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.

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: as above