

BHARAT HEAVY ELECTRICALS LIMITED

(A Govt. of India Undertaking)
HPBP, TIRUCHIRAPPALLI
(HUMAN RESOURCE MANAGEMENT)

PLEASE AFFIX
PASSPORT
SIZE
PHOTOGRAPH
SELF
ATTESTED

APPLICATION FOR THE POST OF PART TIME MEDICAL CONSULTANT

Position applied for:	: PTMC (SPECIALISTS)					
Specialisation	:					
NAME (in capital letters as per high school certificate) FATHER'S NAME	:					
3. DATE OF BIRTH (DD/MM/YYYY)	:					
4. AGE (in years & months as on 01.06.2022)	:					
5. MARITAL STATUS	:	Unmarried/M	Married /Other (please specify)			
6. CATEGORY (GEN/SC/ST/OBC/EWS)	:	•••••				
7. NATIONALITY	:					
8. PERSON WITH DISABILITIES	:	YES / NO	(If yes) Type of disability: Percentage :			
9. EX-SERVICEMEN If YES years of service	:	YES / NO				
10. ADDRESS FOR CORRESPONDANCE	:					
		City : State :	District:			

11. PROFESSIONAL QUALIFICATIONS

Qualification	College/ University	Full Time/ Part Time	Specialisation	Period (From- To)	Year of Passing	Marks Obtained / Max. Marks	% of Marks	Whether Recognised by MCI
MBBS								
INTERNSHIP								
PG DIPLOMA								
MD/MS/DNB/ MDS								
MCH/DM								

12. EXPERIENCE DETAILS

f organisation d address	Private / Govt. / semi Govt. / Others	Type of Engagement (regular / Contract / Ad hoc / private Practice)	Designation/ Area Of Work	Period from	Period To

13. REGIST a) Degree	RATION CER	ΓΙΓΙCATE OF ΜΙ	EDICAL COUNCIL OF I	NDIA or, STATE	E MEDICAL CO	JNCIL			
Medical Cou	uncil of India	Yes/No	State						
Certificate N	lo		dated	Va l id ι	ıp to				
b) PG degre	ee/Diploma (If	applicable)							
Medical Cou	uncil of India	Yes/No	State						
Certificate N	lo		dated	Valid ι	ıp to				
any other O If yes, pleas organisation its current si 15. Employr	rganisation cur e give name of n and date for s tatus	the employer/ election process parent(s)/spouse	: and						
a. Status of employmentb. Staff Number & Unit		Serving/Retired/De	Serving/Retired/Death during service/Death after Service.						
16. Mobile r	no.(WhatsApp r	no)	:						
17. Email ID)		:						
the compan concealed a	clare that state y finds at any t	ime that any pa rmation, I agree	me in this bio data forn rt of the information giv that my engagement sh	en by me is inc	orrect and false	or that I have			
DATE	:		SIGN	ATURE					
PLACE	:			NAME					