BHARAT HEAVY ELECTRICALS LIMITED
(A Govt. of India Undertaking)
TRANSFORMER PLANT BHEL JHANSI -284120
(HUMAN RESOURCE MANAGEMENT)

APPLICATION FOR THE POST OF PART TIME MEDICAL CONSULTANT

Affix recent passport size photograph duly signed by the candidate

1. Position Code

2. Position Name & Specialty — Part Time Medical Consultant

   Specialty/ Discipline

3. Name (in capital letters)

4. Father's Name

5. Date of Birth (DDMMYY)

6. Age (in years and months as on 01/11/2025) — (Years) | (Months)

7. Gender - Please tick (√)

Male	Female	Transgender

8. Ex-Servicemen - If Yes (Years of Service)

9. Category - Please tick (√)

Gen	OBC	SC	ST	EWS

10. Nationality

11. Religion

12. Whether Physically Challenged- Please tick (√) — (Yes) | (No)

13. If yes, please specify

A. Type of disability :.....

B. Percentage of disability .....

14. Address for Correspondence:

H No. _____	City: _____
Village/ Mandal: _____	State: _____
Dist:_____	Pin code: _____

15. Qualifications

Examination Passed/ Name of Course	Full time / Part time	University & State	Specialization	Year of passing	Duration of Course	Marks Obtained /Tota	% of marks	Whether recognised by MCI
PG Diploma in Dermatology/ Venereology & Leprosy/ Otorhinolaryngology /Child Health/ (Please tick the relevant)								
Others (Please specify)								

16. Registration Certificate of Medical Council of India or State Medical Council Degree/

PG Diploma: Certificate Registered: Yes/No

State: ..... Certificate No. ..... Dated: .....

Valid upto .....

Degree/PG Diploma Certificate Registered: Yes/No

State: ..... Certificate No. ..... Dated: .....

Valid upto .....

17. Presently Employed | (Yes) | (No) |

18. Mobile No. |

19. Landline No.

20. E-mail ID *

*Future communications will be through email only.

21. Experience-As on 01/11/2025 (Starting from latest)

Name of Organization & Address	Private /Govt /Semi Govt/Other	Designation / Area of Work	Type of Engagement (Regular /Contract/ Adhoc / Private	Experience From Date	Experience To Date

22. Languages Known (Please tick √)

Language	Read	Write	Speak
English			
Hindi			

Declaration

I hereby declare that all statements as mentioned in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any particulars or information given above being found false or incorrect, or if at any stage it is found that I do not possess the prescribed qualification for the post, my candidature will be rejected ab initio and I will not have any right/claim to the post. 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: Self Attested photocopy of

1. DOB Proof- SSC/ Intermediate Certificate
2. MBBS and MD/DNB/MDS/ PG Diploma Certificates and Mark sheets.
3. Registration Certificate for MBBS and MD/DNB/MDS/ PG Diploma issued by Medical Council of India or by a State Medical Council.
4. Proof of Experience (if applicable) - Experience Certificate on letter head from an Organization/Hospital issued by a Competent Authority.
5. No Objection Certificate: Persons employed in Govt./Semi-Govt./ Public Sector Undertakings/ Autonomous bodies should apply through Proper Channel. However, in the event of difficulty, they may send the application directly and produce the No Objection Certificate at the time of interview.