

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:	: F	: PIMC (SPECIALISTS)				
Specialisation	:					
NAME (in capital letters as per high school certificate)	:					
2. FATHER'S NAME	:					
3. DATE OF BIRTH (DD/MM/YYYY)	:					
4. AGE (in years & months as on 30.04.2021)	:					
5. MARITAL STATUS	:	Unmarried/M	larried /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 : Pin code :	District:			

11.EDUCATIONAL 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								
MD/MS/ DNB/ DMRD/DPM								
PG DIPLOMA								
OTHERS								

12. EXPERIENCE DETAILS

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

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13. REGISTRATION CERTIF a) Degree	FICATE OF ME	EDICAL COUNCIL OF IN	NDIA or, STATE	MEDICAL COL	JNCIL		
Medical Council of India	Yes/No	State					
Certificate No		dated	Valid u	p to			
b) PG degree/Diploma (If a	pplicable)						
Medical Council of India	Yes/No	State					
Certificate No		dated	Valid u	p to			
14. Have you applied for any any other Organisation curre If yes, please give name of the organisation and date for selects current status	ntly ne employer/	:					
15. Employment details of pa BHEL: If yes, please furnish		in : YES/NO					
a. Status of employment b. Staff Number & Unit		Serving/Retired/De		ce/Death after S	Service.		
16. Mobile no.(WhatsApp no))	:					
17. Email ID		:					
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 :		SIGNA	ATURE				
PLACE :			NAME				