



**HINDUSTAN AERONAUTICS LIMITED  
AVIONICS DIVISION, KORWA-227412**

**HUMAN RESOURCE DEPARTMENT**

Advt.No.AD-KORWA/VC/2026/1

Date: 04/09/2026

Hindustan Aeronautics Limited (HAL) a Maharatna Status Public Sector Undertaking under Ministry of Defence is a premier Aeronautical Industry of South East Asia with 22 production/Overhaul Service Divisions and 10 co-located R&D Centers spread across the Country. HAL's spectrum of expertise encompasses design, development, manufacture, repair, overhaul and upgrade of Aircraft, Helicopters, Aero-engines. Industrial & Marine Gas Turbines, Accessories, Avionics & Systems and structural components for satellites and launch vehicles.

Avionics Division, Korwa a unit of HAL's vast network invites applications from the eligible & willing Doctors in the prescribed proforma for engagement as visiting Consultant (Specialist Doctor) at HAL Hospital, Korwa. The details of Specialty/Discipline, No. of Posts, Qualification, are given below:

| Sl.No. | Specialty/Discipline | No. of post | Qualification required | No. of Days for consultation*   |
|--------|----------------------|-------------|------------------------|---------------------------------|
| 1.     | Orthopedic           | 01          | D. Ortho/MS/DNB        | Twice in a week for 2.5 Hrs/Day |
| 2.     | Pediatrician         | 01          | MD/DCH                 | Twice in a week for 2.5 Hrs/Day |

**Note\*:** (1) The above mentioned Qualification(s) should be recognized by MCI (Medical Council of India) / State Medical Council (as the case may be);

(2) No. of Visits may vary depending upon number of days in a month.

(3) Frequency of the visit may be reviewed as per requirement

**I) PROCEDURE FOR ENGAGEMENT**

- Suitable candidate from among the applicants would be shortlisted. Shortlisted candidates would be called for an interview.

**II) MAXIMUM AGE LIMIT**

- The maximum age limit as on 30/09/2026 should be below 65 years.

**III) POST QUALIFICATION EXPERIENCE**

- Candidate need to possess minimum 2 years post qualification experience in the relevant stream

**IV) PERIOD OF ENGAGEMENT/REPORTING**

- The initial engagement will be for a period of Two Years. Further extension of engagement may be considered based on performance of Specialist Doctor and the requirement of the Division.

**V) NO. OF VISIT/VISITING HOURS.**

- The No. of Visits per week/per months for the Visiting Consultant (Specialist Doctors) would be as per the detail given above. The minimum hours of working per visit would be 2.5 hours. Same may vary depending upon number of days in a month. However, Frequency of the visit may be reviewed as per requirement

**VI) REMUNERATION**

- The remuneration payable to the Visiting Consultant would be fixed, within the ceiling of Rs. 7000/- for 2.5 hours per visit. Consultants performing procedures would be paid an extra amount of Rs. 500/- per procedure. The procedure would be conducted during the period of his/her regular visiting hours only.

**VII) CONVEYANCE CHARGE**

- Visiting Consultants would be eligible for Conveyance Charges, as applicable to HAL Officers when they travel in their own vehicle for Official Duty as per the Company's TA/DA Rules.

**VIII) OTHER BENEFITS AND GENERAL TERMS & CONDITIONS**

- The engagement of Visiting Consultants (Specialist Doctors) will be purely temporary and will not confer any right to the Consultants to claim the status of a regular employee of the Company.
- The Visiting Consultants (Specialist Doctors) will not be entitled for any other Allowance or Benefits other than those indicated above.
- The Visiting Consultants (Specialist Doctors) will abide by the Company Rules & regulations governing their engagement.
- The Visiting Consultant (Specialist Doctors) will safeguard the security and confidentiality of all official matters and secrecy of information coming to his/her knowledge.
- The Visiting Consultant (Specialist Doctors) will be covered under the Income Tax. Professional Tax etc. as per the applicable Rules. All such Taxes would be deducted from the remuneration payable to the Consultants.

- In case of difficulty or for any query please write to Manager (HR) at email ID: [hr.korwa@hal-india.com](mailto:hr.korwa@hal-india.com).
- The Management reserves the right to fill or not fill any of the posts as well as call or not call any / all candidates.
- The Management reserves the right to raise the eligibility criteria to restrict the number of candidates to be called for interview and also fill up the posts or alter the number of posts or even cancel the whole process of engagement of visiting Consultants (Specialist Doctor) without assigning any reason/further notice.

#### **IX) TERMINATION OF ENGAGEMENT**

- The engagement of the Visiting Consultant (Specialist Doctor) will stand automatically terminated on completion of the prescribed tenure as specified in the Offer of Engagement. The engagement can be terminated even earlier, with 1 month Notice in writing by either side or payment (consolidated Remuneration equivalent to the amount payable for 5 visits) in lieu of the Notice.

#### **X) HOW TO APPLY**

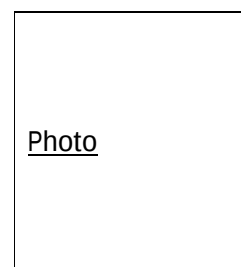
- Eligible and interested candidates may download the Application Form hosted on the HAL Website along with this detailed Web Advertisement.
- Candidates meeting the above specifications may send their applications strictly in the prescribed Application Format printed on A-4 size paper, along with self-attested Passport Size Photograph/ Certificates/testimonials/ documents regarding experience /qualification/age proof by post to the following address.

**Dy. Gen. Manager (HR)**  
**Hindustan Aeronautics Limited**  
**Avionics Division, Korwa**  
**PO: HAL Korwa**  
**Distt: Amethi (UP) - 227 412**

- The last date for receipt of application is 30-9-2026. Application received after 30.09.2026 will not be considered. Completed Applications should also be forwarded alongwith the all necessary documents to E-mail: [hr.korwa@hal-india.co.in](mailto:hr.korwa@hal-india.co.in)
- If the information/Certificates furnished by the candidate in any part/stage is found to be false or incomplete or is not found to be in conformity with eligibility criteria mentioned in the advertisement, the candidature/engagement will be considered as revoked/terminated at any stage of engagement process or after engagement without any reference given to the candidate.

DY. GENERAL MANAGER (HR)

**APPLICATION FORM**  
**HINDUSTAN AERONAUTICS LIMITED**  
**AVIONICS DIVISION: KORWA**



**APPLICATION FOR THE POST OF VISITING CONSULTANT ( \_\_\_\_\_ )**

Advertisement No: AD-KORWA/VC/2026/1

|     |                                                                                                           |                                                                                                    |
|-----|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| 1.  | Name (In block Letters)                                                                                   |                                                                                                    |
| 2.  | Father's / Husband's Name                                                                                 |                                                                                                    |
| 3.  | Mother's Name                                                                                             |                                                                                                    |
| 4.  | Gender : Please Tick (√)                                                                                  | Male <input type="checkbox"/> Female <input type="checkbox"/>                                      |
| 5.  | Contract Mailing Address:<br><br><br><br><br><br>District:<br><br>State:<br><br>Phone No. (with STD Code) | Permanent Address:<br><br><br><br><br><br>District:<br><br>State:<br><br>Phone No. (with STD Code) |
| 6.  | Category-SC/ST/OBC                                                                                        |                                                                                                    |
| 7.  | Mobile No.                                                                                                |                                                                                                    |
| 8.  | E-Mail ID                                                                                                 |                                                                                                    |
| 9.  | Date of Birth(Enclose Proof)<br>(in DD/MM/YYYY Format)                                                    | _ _ / _ _ / _ _ _ _                                                                                |
| 10. | Age as on 30-09-2026                                                                                      | .....Years ..... Months ..... days                                                                 |
| 11. | Nationality                                                                                               |                                                                                                    |

|     |                                                                                                                                         |                                                                                          |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 12. | State of Domicile                                                                                                                       |                                                                                          |
| 13. | Religion                                                                                                                                |                                                                                          |
| 14. | Details of your close relatives working in HAL (if any)                                                                                 | Name: _____<br>Designation _____<br>Staff No. _____<br>Division: _____<br>Relation _____ |
| 15. | Have you been interviewed by HAL any time earlier?<br>(If yes, please give the details of the post for which you have been interviewed) | Yes / No<br>Post Interviewed for :<br>Date of Interview :<br>Division where interviewed: |

**16. Educational Qualifications**

| Sl. No. | Qualification | Duration of Course | Nature of the Course (full Time/Part Time/Correspondence) | Name of Institute | Name of the University | Percentage | Class/ Division | Month & Year of Passing Years (MM/YY) |
|---------|---------------|--------------------|-----------------------------------------------------------|-------------------|------------------------|------------|-----------------|---------------------------------------|
|         |               |                    |                                                           |                   |                        |            |                 |                                       |
|         |               |                    |                                                           |                   |                        |            |                 |                                       |
|         |               |                    |                                                           |                   |                        |            |                 |                                       |
|         |               |                    |                                                           |                   |                        |            |                 |                                       |
|         |               |                    |                                                           |                   |                        |            |                 |                                       |

**17. Post Qualification Experience (chronological Order)**

| Sl. No. | Organisation / Designation / Scale of Pay | Central Govt./ State Govt./ PSU/Private | From Date DD/MM/YYYY | To Date DD/MM/YYYY | Gross Salary | Reason For Leaving |
|---------|-------------------------------------------|-----------------------------------------|----------------------|--------------------|--------------|--------------------|
|         |                                           |                                         |                      |                    |              |                    |
|         |                                           |                                         |                      |                    |              |                    |
|         |                                           |                                         |                      |                    |              |                    |
|         |                                           |                                         |                      |                    |              |                    |

18. Expected remuneration per visit : Rs.....( Mandatory to fill )

19. Any other additional information you like to submit:

DECLARATION

I do hereby declare that the information provided as above is true and complete to the best of my knowledge and belief. I have neither suppressed any factual information nor furnished any incorrect information. In the event, the information is found to be false or incorrect, my candidature / engagement is liable to be terminated without any notice. I also declare that I am a citizen of India by birth / domicile

Signature of the candidate

Place:

Date: