



**HINDUSTAN AERONAUTICS LIMITED
AVIONICS DIVISION :: HYDERABAD
HUMAN RESOURCE DEPARTMENT**

APPLICATION FORM FOR THE POST OF PART-TIME VISITING CONSULTANT (SPECIALIST DOCTORS) IN VARIOUS SPECIALTIES NOTIFIED BY HAL, HYDERABAD DIVISION VIDE ADVT. NO. HAL-HYD/2022/02, DATED 09.03.2022

APPLICATION FOR THE POST OF _____

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|----|--|---|--|
| 1 | NAME (IN BLOCK LETTERS) | | Affix recent self attested colour photograph |
| 2 | GENDER | | |
| 3 | FATHER'S NAME | | |
| 4 | MOTHER'S NAME | | |
| 5 | a) DATE OF BIRTH (DD-MM-YYYY) b) AGE AS ON 01-03-2022 | | |
| 6 | STATE OF DOMICILE & NATIONALITY | | |
| 7 | RELIGION | | |
| 8 | WERE YOU DOMICILE OF J&K DURING THE PERIOD FROM 1.01.1980 TO 31.12.1989? (COPY OF CERTIFICATE TO BE PRODUCED AT THE TIME OF DOCUMENT VERIFICATION / INTERVIEW) | YES / NO | |
| 9 | TICK (☑) THE CATEGORY YOU BELONG TO | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> EWS <input type="checkbox"/> GEN | |
| 10 | ARE YOU A PERSON WITH DISABILITY (PWD)? IF SO, MENTION THE CATEGORY OF DISABILITY (VD/OD/HD) (COPY OF CERTIFICATE TO BE PRODUCED AT THE TIME OF DOCUMENT VERIFICATION / INTERVIEW) | YES / NO VD / OD / HD/ Benchmark Disabilities to be mentioned | |
| 11 | ADDRESS FOR COMMUNICATION WITH CONTACT NO. & E-MAIL ID | <hr/> <hr/> Phone No(s). _____ E-Mail ID(s) _____ | |
| 12 | PERMANENT ADDRESS WITH CONTACT NO. | <hr/> <hr/> Phone No(s). _____ | |
| 13 | EXPECTED REMUNERATION PER VISIT (In Rupees) | | |
| 14 | HAVE YOU BEEN INTERVIEWED BY HAL ANYTIME EARLIER ? | YES / NO (IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS :) Post Interviewed : _____ Date of Interview : _____ Venue of Interview : _____ | |
| 15 | HAVE YOU EVER BEEN A MEMBER/ WORKER OF ANY POLITICAL PARTY / ORGANISATION OR PARTICIPATED IN ANY POLITICAL ACTIVITIES? | YES / NO | |

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|----|---|--------------------------|---|---|-----------------------------------|----------------------------|-----------------|--------------------|
| | If 'Yes' please give the following details: a) Name of Political Party / Organisation: b) Particulars of Political Activity (if any): c) Period of Membership (from year) / year of participation in Political Activity: d) Nature of Participation in Political Activity: e) Office, if any, held in Political Party: | | a) b) c) d) e) | | | | | |
| 16 | IS / ARE ANY OF YOUR CLOSE RELATIVES WORKING IN HAL ? | | YES / NO (IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS :) NAME : _____ DESIGNATION : _____ DIVISION : _____ | | | | | |
| 17 | DETAILS OF EDUCATIONAL & PROFESSIONAL QUALIFICATION(S) | | | | | | | |
| | Name of Qualification with Specialization | University / Institution | Nature of course (Full-Time / Part-Time / Correspondence) | Duration of the Course | Month & Year of Passing | % of Marks / Grade / Class | | |
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| 18 | DETAILS OF PROFESSIONAL EXPERIENCE AS ON <u>01.03.2022</u> (IN YEARS) _____ (In Chronological Order, from the first to the present Job) | | | | | | | |
| | Grade & Designation | Name of Organization | Govt. / Quasi Govt / PSU / PVT. | Type of Employment (Part-Time / Contract / Permanent) | Period of Employment (DD/MM/YYYY) | | Gross Pay (Rs.) | Reason for Leaving |
| | | | | | From | To | | |
| | | | | | | | | |
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DECLARATION

I do hereby declare that, the above details furnished by me are true and complete to the best of my knowledge and belief. In the event of the said information being found false / incorrect / incomplete, my Candidature / Engagement may be terminated without any notice.

SIGNATURE OF THE CANDIDATE

PLACE :
DATE :