

## **BHEL: HERP: Varanasi**

Ref No: HERP/HR/PTMC/2021

Dated: 15.02.2021

### **ADVERTISEMENT No. HERP/HR/01/- 01/2021**

BHEL HERP Varanasi is conducting **Interviews for** candidates fulfilling the following specifications to be engaged as **PART TIME MEDICAL CONSULTANT (PTMC)** initially for a period of one year.

<b>SL. No.</b>	<b>No. of Vacancy</b>	<b>MINIMUM QUALIFICATION &amp; EXPERIENCE REQUIRED</b>	<b>Upper Age Limit (As on 01.03.2020)</b>
1	One	MBBS with one-year Exp. / MBBS + MD / MBBS + PG Diploma / MBBS + MS	65 Years

\*The term of a PTMC will be one year at the time of initial appointment. Subsequent renewal(s) of term can be extended for a maximum period of three years at a time, at the discretion of the management. There will be one-month notice period, on either side.

#### **IMPORTANT INSTRUCTIONS:**

- a) All candidates applying for the above posts should have their MD / MS / PG Diploma and MBBS Degree recognized by Medical Council of India (MCI).
- b) All candidates applying for the above posts must be registered with Medical Council of India or by a State Medical Council.
- c) Candidates called for interview shall not be paid any TA / DA.
- d) The upper age limit as on 01.03.2021 is 65 years. However, the age limit may be relaxed up to 70 years with specific approval from the Competent Authority.

#### **SELECTION PROCESS:**

Selection Process will consist of **Interview**.

### **MEDICAL FITNESS:**

The Applicant should have a sound health. The appointment shall be subject to meeting the good health standards. The candidates are advised in their own interest that they should get themselves thoroughly examined by a Competent Medical Officer. Medical Fitness Certificate in the prescribed format will be required at the time of joining.

**REMUNERATION:** Based on qualification and hours of engagement, the remuneration will be as given below:

Sl. No.	Qualification	Emoluments per hour (Rs.)
		In case of engagement for more than 02 hours but less than 06 hours per day
1.	MBBS + MD / MBBS + MS	Rs. 530/- per hour
2.	MBBS + PG Diploma	Rs. 460/- per hour
3.	MBBS with 01 year experience	Rs. 350/- per hour

### **CONVEYANCE CHARGES:**

On taking into account the local conditions w.r.t. distance, conveyance charges may be given as per the following during the period of engagement:

- a) Upto 30 kms one way, conveyance charges may be given on actual basis, with the upper ceiling of Rs. 4500 per month, with the approval of the Unit Head.
- b) Beyond 30 kms one way, conveyance charges may be given on actual basis, with the upper ceiling of Rs. 6000/- per month, on case to case basis, with the approval of the Unit Head.

### **HOW TO APPLY**

- ❖ **Interested candidates are required to fill-up the bio-data form to attend the Personal Interview** at Conference Hall, BHEL HERP Varanasi, Uttar Pradesh – 221003.
- ❖ **Interview date and time will be informed separately through email only.** Candidates are advised to possess a valid e-mail ID. They are also advised to keep this e-mail ID active for a period of minimum one year, as any important intimation to them shall be provided by BHEL through e-mail.  
For any queries, may contact at phone No.:- 0542-2720-850 or 0542-2720-802 or 0542-2720-852.

❖ Interested candidates are required to send the bio-data form along with following self-attested documents through e-mail by 20/02/2021 at [tanmayakumar.das@bhel.in](mailto:tanmayakumar.das@bhel.in), [rainishk19@bhel.in](mailto:rainishk19@bhel.in) & [snroy@bhel.in](mailto:snroy@bhel.in) & by post or courier at “Sr. DGM(HR), BHEL, HERP, Tarna, Shivpur, Varanasi – 221003” and on interview date kindly bring the Certificates (**original** and also a photocopy) for verification:

1. Duly filled in Bio-Data Form (Proforma available at <https://careers.bhel.in> & [www.herp.bhel.com](http://www.herp.bhel.com)) along with two latest passport size photographs.
2. Self-Attested High School Mark sheet and Certificate.
3. Self-Attested Intermediate Mark sheet and Certificate
4. Self-Attested MBBS all Semester Mark sheets, Internship Certificate & Degree Certificate.
5. Self-Attested of all Mark sheets and Relevant Certificate of MD/MS/PG Diploma
6. Self-Attested Registration Certificate issued by the Medical Council of India or by a State Medical Council.
7. Proof of MD/MS/PG Diploma/MBBS degree being recognized by MCI.
8. Proof of Experience (experience certificate preferably on letter head of the organisation)

#### **GENERAL INSTRUCTIONS:**

- ❖ The candidates should ensure while applying that they fulfill the essential eligibility criteria and other requirements prescribed for the above posts and that the particulars furnished by them are correct in all respects. In case, it is detected at any stage of recruitment process that the candidates do not fulfill the essential eligibility criteria and /or does not comply with other requirements and /or he/she has furnished any incorrect / false information or has suppressed any relevant information / material fact(s), his / her candidature is liable to be rejected. If any of the above shortcomings is/are detected, even after appointment, his/her services are liable for suitable action including termination and prosecution.
- ❖ The Management reserves the right to Revise / Reschedule / Cancel / Suspend the recruitment process, if the need so arises, without assigning any further notice or reason thereof. The decision of the management shall be final and no appeal shall be entertained. The Company reserves the right to reject any application without assigning any reason whatsoever.

- ❖ Any legal proceedings in respect of any matter of claim or dispute arising out of this advertisement and /or an application in response thereto can be instituted only in Varanasi and Courts/Tribunals/Forums (Jurisdiction Courts) at Varanasi only shall have sole and exclusive jurisdiction to try any such cause / dispute.
- ❖ No candidates shall be entertained for Interview after the said dates and any correspondence in this regard shall be rejected.
- ❖ Management reserves the right to disqualify any candidate who is unable to produce relevant documents in proof of qualification and experience. No correspondence in this regard shall be entertained.
- ❖ **Any CORRIGENDUM/CHANGES/UPDATES shall be available ONLY on our website [www.careers.bhel.in](http://www.careers.bhel.in) and [www.herp.bhel.com](http://www.herp.bhel.com) NO INTIMATION SHALL BE GIVEN IN ANY NEWSPAPER/ANY OTHER MEDIA.**
- ❖ Any form of canvassing or bringing extraneous pressure will be disqualification and will render the candidate ineligible for selection.

**Sr. Dy. General Manager (HR)**



**BHARAT HEAVY ELECTRICALS LIMITED  
HEAVY EQUIPMENT REPAIR PLANT, VARANASI**

**BIO DATA FORM FOR INTERVIEW FOR SELECTION  
AS PART TIME MEDICAL CONSULTANT**

(Duly filled Bio-Data Form to be brought at the time of Interview)

PLEASE AFFIX  
PASSPORT SIZE  
PHOTOGRAPH  
SELF  
ATTESTED

1. POST APPLIED FOR:

2. NAME (IN CAPITAL LETTERS AS PER HIGH SCHOOL CERTIFICATE)

3. FATHER'S NAME

4. DATE OF BIRTH  
(dd/mm/yyyy)

5. AGE (in years & month  
as on 01.03.2021)

6. CATEGORY (GEN/SC/ST/OBC)

7. NATIONALITY

8. PHYSICALLY CHALLENGED?

IF YES (VH/OH/HH)

% AGE

9. EX-SERVICEMAN?

YEARS OF SERVICE

10. ADDRESS FOR CORRESPONDENCE

.....  
.....  
.....

City:

District:

State:

Pincode:

11. EDUCATIONAL QUALIFICATIONS

QUALIFICATION	College/ University	Full Time/ Part Time	Specialisation	PERIOD (FROM- TO)	YEAR OF PASSING	MARKS OBTD./ MAX. MARKS	% of MARKS	Whether Recognised by MCI
MBBS								
INTERNSHIP								--NA--
MD/MS								
PG DIPLOMA								
OTHERS								

12. EXPERIENCE DETAILS

NAME OF ORGANISATION AND ADDRESS	PRIVATE / GOVT / SEMI GOVT / OTHER	TYPE OF ENGAGEMENT (REGULAR / CONTRACT / AD HOC / PRIVATE PRACTICE)	DESIGNATION/ AREA OF WORK	PERIOD FROM	PERIOD TO

13. Registration Certificate of Medical Council of India or, State Medical Council.....  
 Certificate No..... dated..... Valid upto .....

14. Have you applied for any other vacancies somewhere else currently YES / NO  
 If yes, please give name of the employer/organization and date for selection process and its current status

15. Have/has your parent(s)/spouse been in service of BHEL?

If yes, please furnish details  
 a. status of employment  
 (Serving / Retired / death during service /death after service)

B. Staff Number & Unit

16. Phone number / Mobile No.

17. EMAIL I.D.

**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.....

SIGNATURE.....

PLACE.....

NAME.....