



# BHARAT HEAVY ELECTRICALS LIMITED

## APPLICATION FOR CONTRACTUAL MEDICAL PRACTITIONER (GDMO / SPECIALIST) (Ref.No. Advertisement No. HPBP/ 02/ CMP /2025)

Affix  
recently taken  
Passport size  
photograph

UNIT : TRICHY

Post Applied for

Interview Centre

1. Name (in CAPITAL LETTERS and as entered in the application form)

.....

2. Mailing Address for communication:

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

Pin.....

STD code.....

Contact Telephone no.....

Mobile No. ....

e-mail .....

3. Date of Birth: .....

4. Gender: Male  Female  Third Gender

5. Marital Status – Unmarried  Married  Divorced  Widowed

6. Nationality .....

7. Religion .....

8. Category\*

General	OBC	SC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Tick Mark the applicable category

9. Father's Name .....

10. Mother's Name .....

11. Whether a Physically Challenged person? Yes/No If yes, give details .....

Type of disability (pl ✓) Locomotor  Hearing Impairment  Visual Impairment

Decibels loss / % of disability .....

12. **Educational background:**

(a) **Degree (MBBS)**

University	Year	Semester*	Max. marks	Marks Obtained	Attempt (1 <sup>st</sup> / subsequent)
<b>Duration:</b> From _____ (dd/mm/yy)  To _____ (dd/mm/yy)	I year	1 <sup>st</sup>			
		2 <sup>nd</sup>			
	II year	1 <sup>st</sup>			
		2 <sup>nd</sup>			
	III year	1 <sup>st</sup>			
		2 <sup>nd</sup>			
	IV year	1 <sup>st</sup>			
		2 <sup>nd</sup>			
	V Year	1 <sup>st</sup>			
		2 <sup>nd</sup>			
* For annual marking system, fill the year wise marks in 2nd Sem.				Aggregate % of marks .....%	

(c) **PG Degree (Specialization - \_\_\_\_\_)**

University	Year	Semester*	Main Subjects	Max. marks	Marks Obtained
<b>Duration:</b> From _____ (dd/mm/yy)  To _____ (dd/mm/yy)	1 <sup>st</sup> year				
	2 <sup>nd</sup> year				
	3 <sup>rd</sup> year #				
* For annual marking system, fill the year wise marks in 2nd Sem. # To be used, if required.				Aggregate % of marks .....%	

14. Previous Employment Details:

(a) Experience Details: Total Post Qualification Experience \_\_\_\_ Years

S.No.	Organization	Designation	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Job profile

(b) Details of relevant experience:

- i) Briefly describe your experience.....  
 .....  
 .....
- ii) I want to join BHEL because  
 .....  
 .....

15. If selected how much notice period do you require to join? 

1 Month	2 Months	3 Months
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16. Professional References:

Two responsible persons who are familiar with your character and qualifications:

Name	Designation & Organization	Address

**DECLARATION**

*I hereby declare that statements made by me in this form are true, complete and correct to the best of my knowledge and belief. If I am offered contractual engagement for the aforesaid position and the Company finds at any time that any part of the information given by me is incorrect or false or that I have concealed any information as required in this Form, I agree that my contractual engagement shall be liable to summary termination without any notice or compensation. I understand that I am not eligible for any TA/DA/Accommodation for this Interview.*

*I further understand that I have no right for regular absorption or continued association beyond the stipulated duration of my contractual engagement.*

Date ..... Signature .....

Place ..... Name .....

