

7. EXPERIENCE DETAILS

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

8. 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

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9. HAVE/HAS YOUR PARENTS / SPOUSE BEEN IN SERVICE OF BHEL? YES / NO

IF YES, PLEASE FURNISH DETAILS

A. STATUS OF EMPLOYMENT (SERVING / RETIRED / DEATH DURING SERVICE / DEATH AFTER SERVICE)

B. STAFF NUMBER & UNIT

DECLARATION

I HEREBY DECLARE THAT STATEMENTS MADE BY ME IN THIS BIO DATA FORM ARE TRUE AND COMPLETE. IF I AM APPOINTED 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 APPOINTMENT SHALL BE LIABLE TO BE TERMINATED SUMMARILY WITHOUT ANY NOTICE OR COMPENSATION.

DATE:

SIGNATURE:

PLACE:

NAME :