

BHARAT HEAVY ELECTRICALS LIMITED

HPVP, Visakhapatnam -530 012

APPLICATION FORM

(To be filled by the Candidate)

FOR ENGAGEMENT OF PART-TIME MEDICAL CONSULTANTS

**PLEASE AFFIX
SELF
ATTESTED
PASSPORT SIZE
PHOTOGRAPH**

1. NAME (CAPITAL LETTERS AS PER HIGH SCHOOL CERTIFICATE)

2. FATHER'S NAME

3. DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

(GEN/SC/ST/OBC)

PHYSICALLY CHALLENGED?
4. YES/NO

AGE

5. EX-SERVICEMAN? YES/NO

YEARS OF
SERVICE

6. ADDRESS FOR CORRESPONDENCE :

7. EDUCATIONAL QUALIFICATIONS:

SI No	Exam Passed	YEAR OF PASSING	University/Board	% of marks
1	10th			
2	MBBS			

HIGHER QUALIFICATION (IF ANY):

Sl No	Exam Passed	Year of passing	University/Board	% of marks
1				
2				
3				

8. Details of Employment:

NAME & ADDRESS OF EMPLOYER	Private Org/Govt Org/Semi Govt Org/Other	TYPE OF ENGAGEMENT (REGULAR /CONTRACT/ AD HOC / PRIVATE PRACTICE)	DESIGNATION / AREA OF WORK	PERIOD FROM	PERIOD TO

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

IF YES, PLEASE FURNISH DETAILS

A. STATUS OF EMPLOYMENT

B. STAFF NUMBER & UNIT

10. PHONE NUMBER / MOBILE

11. E-mail ID

DECLARATION

I hereby declare that all the statements made by me in this application are true and correct to the best of my knowledge and belief. I further undertake that in the event of particulars or information furnished by me are found incorrect/unfilled, my candidature for the post is liable to be rejected or cancelled. If any information is found to be false after appointment, then my services are liable to be terminated summarily.

DATE..... SIGNATURE..... PLACE..... NAME.....