

BHARAT HEAVY ELECTRICALS LIMITED
Solar Business Division (SBD), Malleswaram

REF:SBD/Rectt/PTMC/2021

Date: 03.07.2021

BHEL, Malleswaram Complex invites applications for its Occupational Health Center which caters to two BHEL Units in the same complex viz. Solar Business Division (SBD) and Industrial Systems Group (ISG) from eligible candidates for **Two Part- Time Medical Consultants (PTMC) including one Lady Part-Time Medical Consultant** with MBBS and min. one year of experience positions as mentioned below:-

Table A: For Solar Business Division (SBD):-

| PTMC | Timings for SBD | | Emoluments | Total emoluments per year |
|--------------------------|--------------------|---|----------------------|---------------------------|
| (01) PTMC with MBBS* | Monday to Friday | 9.30 am to 1.30 pm, 3.30 pm to 4.30 pm | Rs. 440 per hour | Rs. 572000/- |
| | Saturday | 11.30 am to 4.30 pm | Rs. 440 per hour | Rs. 114400/- |
| Conveyance | | | Rs. 4500/- per month | Rs. 54000/- |
| (01) Lady PTMC with MBBS | Monday to Saturday | 12.30 pm to 4.30 pm | 440 per hour | Rs. 549120/- |
| Conveyance | | | Rs. 4500/- per month | Rs. 54000/- |

Table B: For Industrial Systems Group (ISG):-

| PTMC | Timings for ISG | | Emoluments | Total emoluments per year |
|---------------------|------------------|--------------------|------------------|---------------------------|
| (01)PTMC with MBBS* | Monday to Friday | 1.30 pm to 3.30 pm | Rs. 440 per hour | Rs. 228800/- |

*Common PTMC with MBBS with min one year of experience is required for both the Units.

AGE

Not more than 64 years as on 03.07.2021

QUALIFICATION:

MBBS with min 1 year experience

REMUNERATION:

Remuneration will be as per the above tables A & B. In addition, Conveyance of Rs. 4500/- per month or Rs. 54,000/- upto 30 Kms per one year (one way) will be given to each Doctor.

TENURE

- The appointment is for a period of one year.
- Working Hours will be as per Tables A & B
- There will be notice period of one month, on either side, for discontinuing the

engagement.

IMPORTANT INSTRUCTIONS:

- Candidates applying for the above posts shall have all their Degrees (MBBS/MD/MS/PG Diploma) recognized by Medical Council of India (MCI).
- Candidates applying for the above posts must be registered with Medical Council of India/State Medical Council

HOW TO APPLY:

Desirous candidates may send their Application with complete details super scribing the envelope as “**Application for PTMC**” to AGM (HR) as per enclosed format, HRM Dept., BHEL-Solar Business Division, Prof CNR Rao Circle, IISc Post, Bangalore - 560012 so as to reach us on or before 17.07.2021 Along with photocopies of the following certificates / testimonials / experience certificates:

1. Tenth class (High School) Certificate
2. Degree / Post Graduation Certificate (MBBS/ PG Diploma / MD / DNB/ DM / MCH etc)
3. Registration Certificate (MCI)
4. Certificate regarding the Degrees (MBBS/ PG Dip / MD / DNB/ DM / MCH) being recognized by MCI.
5. Proof of experience

Late / incomplete applications will not be considered.

SELECTION:

Candidates shortlisted on the basis of Applications submitted within 17.07.2021 will be called for Personal Interview on a date which will be intimated to the shortlisted candidates separately.


AGM (HR)

**APPLICATION FORM FOR PART TIME MEDICAL CONSULTANT (PTMC)
BHARAT HEAVY ELECTRICALS LIMITED, SBD/ISG**

| |
|---|
| Post Applied for, 1) 2) |
|---|

| |
|---|
| Affix recently taken Passport size photograph |
|---|

1) Name (in CAPITAL LETTERS)

.....

2) Mailing Address

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

Pin

Contact Telephone No Mobile No.....

E-mail

3) Date of Birth

4) Marital Status - Unmarried/Married/Other (please specify)

5) Religion Nationality

6) Father's Name Occupation & Organisation, if applicable

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

7) Spouse's Name, Occupation & Organisation, if applicable (in case of married candidate)

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

8) Are you an ex-serviceman (worked with Armed forces)? Give details : Yes No

If yes, give following details:

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Service Rank last held

Period of service : From To Reason for leaving

9) Whether a disabled person ? Yes No if yes, give following details

Type of disability : Locomotor Hearing impairment

% of disability:

.....

10) Have you suffered from any major illness/accident : (Please Specify)

.....

11) Educational Background:

a) Schooling:

| | School | Name of Exam | Board | Duration | | Main Subjects | Max. Marks | Marks Obtained |
|--------------|--------|--------------|-------|----------|----|---------------|------------|----------------|
| | | | | From | To | | | |
| X or Equiv | | | | | | | | |
| XII or Equiv | | | | | | | | |

b) MBBS

| Name of College / Institute / University | From | To | Max. Marks | Marks Obtained | Attempt (1st/ Subsequent) |
|--|------|----|------------|----------------|---------------------------|
| | | | | | |

Aggregate % of marks %

c) Certifications/ Other Academic Qualifications

.....

d) Registration Details

| Qualification | Registration No. (Medical Council of India) | Registration No. (State Medical Council) | Name of State Medical Council |
|---------------|---|--|-------------------------------|
| | | | |

12) Please specify

a) Academic /Research/Achievements you want to mention:

.....

b) I want to join BHEL because

.....

.....
.....
13) Please give complete details of your past and present employment/occupation till date

Work Experience details

| SN | Organisation & Place | Position Held | From | To | Total monthly emoluments | Reason for leaving |
|----|----------------------|---------------|------|----|--------------------------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

14) Have you been interviewed for any post in BHEL earlier? Yes No

If yes, furnish following details

Post

Unit/Division
.....

Date of Interview
.....

Result
.....

15) Has your parent/spouse been in service of BHEL? Yes No

If yes, give following details

Name of Parent/Spouse Staff No

Designation Unit/Division
.....

Present Status: (Employed presently/Resigned/Retired/Voluntarily Retired/Deceased)

DECLARATION

I hereby declare that statements made by me in this 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 or false or that I have concealed any relevant information, I agree that my appointment shall be liable to summary termination without any notice or compensation and I am liable to refund the expenses incurred by the Company on me.

Date

Signature

Place

Name

Enclosures

Photocopies of the following certificates/testimonials/experience certificates:

1. Tenth class (High School) Certificate
2. Degree /Post Graduation Certificate (MBBS/PG Diploma/MD/DNB/DM/MCH etc)
3. Registration certificate (MCI)
4. Certificate regarding the Degrees (MBBS/PG Dip/MD/DNB/DM/MCH) being recognized by MCI
5. Other relevant documents