

12. EXPERIENCE DETAILS

Name of organisation And address	Private / Govt. / semi Govt. / Others	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

a) Degree

Medical Council of India Yes/No State

Certificate No dated Valid up to

b) PG degree/Diploma (If applicable)

Medical Council of India Yes/No State

Certificate No dated Valid up to

14. Have you applied for any other vacancies in : YES / NO

any other Organisation currently
If yes, please give name of the employer/ :
organisation and date for selection process and
its current status

15. Employment details of parent(s)/spouse in : YES / NO

BHEL: If yes, please furnish details

a. Status of employment Serving/Retired/Death during service/Death after Service.

b. Staff Number & Unit
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16. Mobile no.(WhatsApp no) :

17. Email ID :

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