

**BHARAT HEAVY ELECTRICALS LIMITED, BHOPAL
(HUMAN RESOURCE MANAGEMENT)**

To,
Manager (HR),
HRM Dept., 5th Floor,
Administrative Building,
BHEL, Piplani, Bhopal 462022

Sub: Application for Part Time Medical Consultants (PTMC)

With reference to notification no. S2P/1-2/PTMC/01/2021, dated 29.04.2021, I submit my details for PTMC as under:

- 1) PTMC Position applied for (Discipline/Speciality):
- 2) Name (in CAPITAL LETTERS and as entered in the application form)
- 3) Mailing Address
..... Pin
Mobile No E-mail
- 4) Date of Birth
- 5) Marital Status – Unmarried / Married / Other (please specify)
- 6) Religion Nationality
- 7) **Category**
General OBC SC ST
- 8) Father's Name:
- 9) Spouse's Name, Occupation & Organisation, if applicable (in case of married candidates)
.....
- 10) Are you an ex-serviceman (worked with Armed forces)? Give Details Yes No
If yes, give following details :
Service Rank last held
Period of service: From To Reason for leaving
- 11) Whether a disabled person? Yes No if yes, give following details :
Type of disability: Locomotor Hearing impairment % of disability

12) Professional Qualification Details :

Course	Exam Passed	Name of College/University	From	To	Max Marks	Marks Obtained
Degree						
PG						
Others						

13) Medical Degree Registration Details :

Name of Med Council	Course Registered	Regn. No.	Date of Regn.

14) Work Experience Details

SN	Organisation & Place	Position Held	From	To	Details of Experience

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

If yes, furnish following details

Post

Unit / Division

Date of Interview/ Result

16) 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)

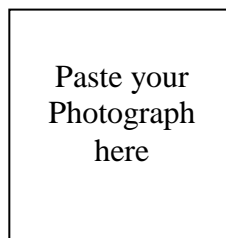
DECLARATION

I hereby declare that statements made by me in this form are true and complete. If I am engaged as PTMC 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 understand that my engagement shall be liable to summary termination without any notice or compensation and I am liable for legal action.

List of Documents Enclosed:-

1.....

2.....



Date

Place

Signature

Name