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/02/2023, dated 21.08.2023, 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) Mailing Address 3) ______Pin ______ E-mail Mobile No 4) Marital Status – Unmarried / Married / Other (please specify) 5) 6) Religion Nationality Category 7) OBC SC General 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 If yes, give following details: Rank last held Service Period of service: From To Reason for leaving if yes, give following details: 11) Whether a disabled person? No Yes Type of disability: Locomotor Hearing impairment % of disability

12) Professional Qualification Details:

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

Name of Med Council		Course Registered		Regn. No.		Date of Regn.	
4)	Mad 5 and an Date						
.4) \ SN	Work Experience Deta Organisation & Pla	1	on Held	From	То	Details of Experience	
.5) I	। Have you been intervi	ewed for any	/ post in B	HEL earlie	r? Yes	No No	
I	f yes, furnish following	g details					
F	Post					····	
l	Jnit / Division	••••					
[Date of Interview/ Res	ult					
.6) I	Has your parent/spous	se been in se	ervice of B	HEL ? Yes	No		
I	f yes, give following d	etails					
1	Name of Parent/Spous	se			Staff I	No	
[Designation			Unit	t/Division		
ſ	Present Status (emplo	yed presentl	y/Resigne	ed/Retired,	/Voluntarily R	etired/Deceased)	
			DECLA	RATION			
as Pī ncori enga	TMC and the Compar rect or false or that	ny finds at o I have coi	any time ncealed a	that any p iny releva	part of the in nt informatio	complete. If I am engage of formation given by me on, I understand that m or compensation and I an	
ist o	f Documents Enclosed	l:-					
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Date

Place

Signature

Name