

**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/02/2022, dated 09.06.2022, 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 ..... 4.1) Aadhaar number .....
- 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						
MCH/DM						
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) .....

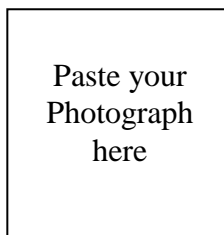
**DECLARATION**

*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 .....