

BHARAT HEAVY ELECTRICALS LIMITED

(A Govt. of India Undertaking)
HPBP, TIRUCHIRAPPALLI
(HUMAN RESOURCE MANAGEMENT)

PLEASE AFFIX
PASSPORT
SIZE
PHOTOGRAPH
SELF
ATTESTED

APPLICATION FOR THE POST OF PART TIME MEDICAL CONSULTANT (Reference to Advertisement No. HPBP/PTMC/02/2025 dated 09.04.2025)

Position applied for:	: PTMC (SPECIALIST)
Specialisation	: Respiratory Medicine / Ophthalmology
NAME (in capital letters as per high school certificate)	:
2. FATHER'S NAME	:
3. DATE OF BIRTH (DD/MM/YYYY)	:
4. AGE (in years & months as on 01.04.2025)	:
5. MARITAL STATUS	: Unmarried/Married /Other (please specify)
6. CATEGORY (GEN/SC/ST/OBC (NCL)/EWS)):
7. NATIONALITY	:
8. PERSON WITH DISABILITIES	: YES / NO (If yes) Type of disability: Percentage:
9. EX-SERVICEMEN If YES, years of service	YES / NO : Years
10. ADDRESS FOR CORRESPONDANCE	:

11. PROFESSIONAL QUALIFICATIONS

Qualification	College/ University	Full Time/ Part Time	Specialisation	Period (From- To)	Year of Passing	Marks Obtained / Max. Marks	% of Marks	Whether Recognised by MCI
MBBS								
INTERNSHIP								
PG DIPLOMA								
MD/MS/DNB/ MDS								
MCH/DM								

12. DETAILS (as on 01.04.2025)

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

State.

a)	Degree
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Medical Council of India

Medical Council of India	Yes/No	State	
Certificate No.		dated	Valid up to
b) PG degree/Diploma			

Certificate No dated Valid up to

Yes/No

14. Have you applied for any other vacancies in any other Organisation currently	n: YES/NO
If yes, please give name of the employer/ organisation and date for selection process and its current status	: I
15. Employment details of parent(s)/spouse in BHEL: If yes, please furnish details	: YES/NO
a. Status of employment	Serving/Retired/Death during service/Death after Service.
b. Staff Number & Unit	
16. Mobile no.(WhatsApp no)	:
17. Email ID	:
DECLADATION	

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