



# Bharat Heavy Electricals Limited

HPVP, Visakhapatnam –530 012

## APPLICATION FORM

(To be filled by the Candidate)

### FOR ENGAGEMENT OF PART-TIME MEDICAL CONSULTANT

PLEASE AFFIX  
SELF  
ATTESTED  
PASSPORT SIZE  
PHOTOGRAPH

1. NAME (CAPITAL LETTERS AS PER HIGH SCHOOL CERTIFICATE)

2. FATHER'S NAME

3. DATE OF BIRTH

D		M		Y		Y	

(GEN/SC/ST/OBC)

PHYSICALLY CHALLENGED?  
4. YES/NO

AGE

5. EX-SERVICEMAN? YES/NO

YEARS OF  
SERVICE

6. ADDRESS FOR CORRESPONDENCE :

7. EDUCATIONAL QUALIFICATIONS:

Sl No	Exam Passed	YEAR OF PASSING	University/Board	% of marks
1	10th			
2	MBBS			

HIGHER QUALIFICATION (IF ANY):

Sl No	Exam Passed	Year of passing	University/Board	% of marks
1				
2				
3				

**8. Details of Employment:**

NAME & ADDRESS OF EMPLOYER	Private Org/Govt Org/Semi Govt Org/Other	TYPE OF ENGAGEMENT (REGULAR /CONTRACT/ AD HOC / PRIVATE PRACTICE)	DESIGNATION / AREA OF `WORK	PERIOD FROM	PERIOD TO

9. HAVE/HAS YOUR PARENTS / SPOUSE BEEN IN SERVICE OF BHEL? YES / NO

IF YES, PLEASE FURNISH DETAILS

A. STATUS OF EMPLOYMENT

B. STAFF NUMBER & UNIT

10. PHONE NUMBER / MOBILE

11. E-mail ID

**DECLARATION**

I hereby declare that all the statements made by me in this application are true and correct to the best of my knowledge and belief. I further undertake that in the event of particulars or information furnished by me are found incorrect/unfilled, my candidature for the post is liable to be rejected or cancelled. If any information is found to be false after appointment, then my services are liable to be terminated summarily.

**DATE..... SIGNATURE..... PLACE.....**