



BHARAT HEAVY ELECTRICALS LIMITED

(A Govt. of India Undertaking)
HEAVY POWER EQUIPMENT PLANT
RAMACHANDRAPURAM : HYDERABAD 502032
(HUMAN RESOURCE MANAGEMENT)

APPLICATION FOR THE POST OF PART TIME MEDICAL CONSULTANT

1. Position Code

2. Position Name & Specialty

Part Time Medical Consultant

Specialty/ Discipline

Affix recent
passport size
photograph duly
signed by the
candidate

3. Name (in capital letters)

4. Father's Name

5. Date of Birth
(DDMMYY)

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6. Age
(in years and months as on
01/11/2021)

(Years)

(Months)

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7. Gender - Please tick (✓)

Male

Female

Transgender

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8. Ex-Servicemen – If Yes (Years of Service)

9. Caste/Category - Please tick (✓)

Gen

OBC

SC

ST

EWS

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10. Nationality

11. Religion

12. Whether Physically Challenged- Please tick (✓)

(Yes)

(No)

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13. If yes, Please specify

A. Type of disability :.....

B. Percentage of disability :.....

14. Address for Correspondence :

H No. _____	City: _____
Village/ Mandal: _____	State: _____
Dist: _____	Pin code: _____

15. Qualifications

Examination Passed/ Name of Course	Full time/ Part time / Correspondence	University & State	Specialization	Year of passing	Duration of Course	Marks Obtained/ Total Marks	% of marks	Whether recognised by MCI
MBBS								
MD/DNB/ DTCD (Please tick the relevant)								
MCH/DM (Please tick the relevant)								
Others (Please specify)								

16. Registration Certificate of Medical Council of India or State Medical Council

Degree (MBBS):

Certificate Registered: Yes/No

State:

Certificate No. Dated: Valid upto

MD/DNB/ DTCD /MCH/DM:

Certificate Registered: Yes/No

State:

Certificate No. Dated: Valid upto

17. Presently Employed

(Yes)	(No)
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18. Mobile No.

19. Landline No.

20. E-mail ID *

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***Future communications will be through email only.**

21. Experience-As on 01/11/2021 (Starting from latest)

Name of Organization & Address	Private /Govt /Semi Govt/Other	Designation/ Area of Work	Type of Engagement (Regular /Contract/ Adhoc / Private Practice)	Experience From Date	Experience To Date

22. Languages Known
(Please tick ✓)

Language	Read	Write	Speak

Declaration

I hereby declare that all statements as mentioned in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any particulars or information given above being found false or incorrect, or if at any stage it is found that I do not possess the prescribed qualification for the post, my candidature will be rejected ab initio and I will not have any right/claim to the post. I also declare that I have not been convicted nor there is any Case/Investigation/Trial relating to a Criminal Offence against me, as on date.

Date:

Signature of the Candidate

Place:

Enclosures: Self Attested photocopy of

1. DOB Proof- SSC/Intermediate Certificate
2. MBBS and MD/DNB/ MCH/DM/DTCD Certificate and Mark sheets.
3. Registration Certificate for MBBS and MD/DNB/ MCH/DM/DTCD issued by Medical Council of India or by a State Medical Council.
4. Proof of Experience (if applicable) - Preferably an Experience Certificate on letter head from an Organization/Hospital issued by a Competent Authority.
5. No Objection Certificate: Persons employed in Govt./Semi-Govt./ Public Sector Undertakings/ Autonomous bodies should apply through Proper Channel. However, in the event of difficulty, they may send the application directly and produce the No Objection Certificate at the time of interview.