



**BHARAT HEAVY ELECTRICALS LIMITED
HEEP, RANIPUR, HARIDWAR**

**BIO DATA FORM FOR WALK-IN INTERVIEW
FOR SELECTION AS PART TIME MEDICAL CONSULTANT**

(Duly filled Bio-Data Form to be sent to email id artrect@bhel.in
along with documents/certificates)

PLEASE AFFIX
PASSPORT SIZE
PHOTOGRAPH
SELF
ATTESTED

1. POST APPLIED FOR:

2. NAME (IN CAPITAL LETTERS AS PER HIGH SCHOOL CERTIFICATE)

3. FATHER'S NAME

4. DATE OF BIRTH
(dd/mm/yyyy)

5. AGE (in years & month
as on 01.05.2021)

6. CATEGORY (GEN/SC/ST/OBC/EWS)

7. NATIONALITY

8. PHYSICALLY CHALLENGED? YES / NO

IF YES (VH/OH/HH)

% AGE

9. EX-SERVICEMAN?

YES / NO

YEARS OF SERVICE

10. ADDRESS FOR CORRESPONDENCE

.....

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City:

District:

State:

Pincode:

11. EDUCATIONAL QUALIFICATIONS

QUALIFICATION	College/ University	Full Time/ Part Time	Specialisation	PERIOD (FROM- TO)	YEAR OF PASSING	MARKS OBTD./ MAX. MARKS	% of MARKS	Whether Recognised by MCI
MBBS								
INTERNSHIP								--NA--
MD/MS/ DNB/ DMRD/DPM								
PG DIPLOMA								
OTHERS								

12. EXPERIENCE DETAILS

NAME OF ORGANISATION AND ADDRESS	PRIVATE / GOVT / SEMI GOVT / OTHER	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.....
 Certificate No..... dated..... Valid upto

14. Have you applied for any other vacancies somewhere else currently YES / NO
 If yes, please give name of the employer/organization and date for selection process and its current status

15. Have/has your parent(s)/spouse been in service of BHEL?

If yes, please furnish details
 a. status of employment
 (Serving / Retired / death during service /death after service)

B. Staff Number & Unit

16. Phone number / Mobile No.

17. EMAIL I.D.

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.....