



Bharat Heavy Electricals Limited
[A Government of India Undertaking]
Boiler Auxiliaries Plant
Ranipet - 632 406

APPLICATION FOR THE POST OF PART TIME MEDICAL CONSULTANT

1. POSITION APPLIED FOR :
2. NAME :
3. FATHER'S NAME :
4. DATE OF BIRTH (DD/MM/YYYY) :
5. AGE (in years & Months as on 01.03.2026) :
6. MARITAL STATUS :
7. CATEGORY (GEN/SC/ST/OBC/EWS) :
8. NATIONALITY :
9. PHYSICALLY CHALLENGED : YES / NO %:
If YES (VH/OH/HH) % Percentage
10. EX-SERVICEMEN : YES / NO
If YES years of service
11. ADDRESS FOR CORRESPONDANCE :

Affix recent
passport size
photograph
duly
signed by the
candidate

12. EDUCATIONAL QUALIFICATION:

Qualification	College / University	Full Time/ Part Time	Period (From-To)	Year of passing	Marks Obtained/ Max. Marks	% of Marks	Whether Recognized by MCI
MBBS							
Specialization							
Others, if any							

13. EXPERIENCE DETAILS

Name of organization and address	Private/Govt./Semi Govt./Others	Type of Engagement (regular / Contract / Ad hoc / Private practice)	Designation / Area of work	From period	To Period

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

MBBS/ State: Specialist:...../ State:

MBBS - Certificate No..... dated..... Valid Up to.....

Specialist - Certificate No..... dated..... Valid Up to.....

15. 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.

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16. Have /has your parent(s)/Spouse been in service of BHEL: YES / NO

If yes, please furnish details

- Status of employment: Serving/retired/death during service/death after service
- Staff Number & Unit:

17. Phone / Mobile No. :

18. E-mail ID :

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.....