



**HINDUSTAN AERONAUTICS LIMITED**  
(A Govt. of India Undertaking  
under Ministry of Defence)  
**AVIONICS DIVISION :: HYDERABAD**

Advt. No. HAL-HYD/2026/02

DATE: 08.06.2026

Hindustan Aeronautics Limited (HAL) a Maharatna Status Public Sector Undertaking under Ministry of Defence is a premier Aeronautical Industry of South East Asia with 21 Production / Overhaul Service Divisions, 9 R&D Centres and 1 Facility Management Division spread across the Country. HAL's spectrum of expertise encompasses design, development, manufacture, repair, overhaul and upgrade of Aircraft, Helicopters, Aero-engines, Industrial & Marine Gas Turbines, Accessories, Avionics & Systems and Structural Components for Satellites and launch vehicles.

**REQUIREMENT:**

HAL Hyderabad, a unit of HAL's vast network, invites applications from eligible & willing candidates in the prescribed proforma fulfilling the requirement for the posts of **Visiting Consultant (Radiologist), Visiting Consultant (Orthopaedician) and Clinical Psychologist on Part-Time basis** for its Industrial Health Centre at Hyderabad. The requirements for the posts viz. No. of Posts, Qualification, Experience, No. of Visits per week, No. of Hours per visit etc., are given below:

SI No	Name of the Post & Specialty / Discipline	No. of Post(s)	Particulars of Eligibility Criteria (As on 24.06.2026)	Requirement(s) & Remuneration
1.	<b>Visiting Consultant (Radiologist) on part time basis</b>	01	<b>Age:</b> Below 63 years. <b>Qualification:</b> PG Degree / Diploma in Relevant specialty / discipline <b>Experience:</b> Minimum 5(Five) years post qualification experience	<b>No. of visits per week:</b> 2 (Two) <b>No. of Hours per visit:</b> 2 (Two) Hours <b>Remuneration:</b> Rs. 3,500/- per visit. <b>Conveyance Charges:</b> Rs. 18/- per km. However, minimum reimbursement would be Rs. 250/- per visit.
2.	<b>Visiting Consultant (Orthopaedician) on part time basis</b>	01	<b>Age:</b> Below 63 years. <b>Qualification :</b> PG Degree / Diploma in Relevant specialty / discipline <b>Experience :</b> Minimum 5(Five) years post qualification experience	<b>No. of visits per week :</b> 2 (Two) <b>No. of Hours per visit :</b> 2 (Two) Hours <b>Remuneration :</b> Rs. 3,500/- per visit. <b>Conveyance Charges:</b> Rs. 18/- per km. However, minimum reimbursement would be Rs. 250/- per visit.
<b>Note : The above mentioned Qualification(s) should be recognized by MCI (Medical Council of India) / State Medical Council (as the case may be)</b>				

SI No	Name of the Post & Specialty / Discipline	No. of Post(s)	Particulars of Eligibility Criteria (As on 24.06.2026)	Requirement(s) & Remuneration
3.	<b>Clinical Psychologist on Part-Time basis</b>	01	<p><b>Age:</b> Below 48 years.</p> <p><b>Qualification:</b> A Post-Graduate Degree in Clinical Psychology or any other Qualification approved by R.C.I (Rehabilitation Council of India) for Registration.</p> <p><b>Experience:</b> Minimum 1(One) year post qualification experience after RCI (Rehabilitation Council of India) Registration.</p>	<p><b>No. of visits per week:</b> 2 (Two)</p> <p><b>No. of Hours per visit:</b> 4 (Four) Hours</p> <p><b>Remuneration :</b> Rs. 1,000/- per visit</p> <p><b>Conveyance Charges:</b> Reimbursement will be paid @ Rs.18 per Km. However, minimum reimbursement would be Rs. 150/- per visit.</p>

<b>Type of Disabilities identified as suitable</b>		
SI. No.	Name of the Post	Type of Disabilities
1.	Visiting Consultant (Radiologist) and Visiting Consultant (Orthopaedician) on part time basis	Low Vision (LV), Hard of Hearing (HH), One Arm (OA), One Leg (OL), Both Legs (BL), One Arm & One Leg (OAL), Cerebral Palsy (CP), Leprosy Cured (LC), Dwarfism (Dw), Acid Attack Victims (AAV), Spinal Deformity/Spinal Injury with associated neurological /Limb Dysfunction of respective locomotor disability identified (SDD/SID), Spinal Deformity/Spinal Injury without any associated neurological /Limb Dysfunction (SD/SI), Specific Learning Disability (SLD), Multiple Disabilities involving the aforesaid disabilities.
2.	Clinical Psychologist on Part time basis	Blind (B), Low Vision (LV), One Arm (OA), One Leg (OL), Both Arms (BA), Both Legs (BL), One Arm & One Leg (OAL), Both leg & one Arm (BLOA), Both Legs Arms (BLA), Leprosy Cured (LC), Dwarfism (Dw), Acid Attack Victims (AAV), Specific Learning Disability (SLD), Multiple Disabilities involving the aforesaid disabilities

### **TENURE :**

The initial engagement will be for a period of 2 (Two) years. Further, extension of engagement, as per Company's policy, may be considered based on performance of the Specialist Doctors /Clinical Psychologist and also requirement of the Division. Further, the remuneration per visit shall be revised by 10% upon extension of engagement. The remuneration will also be revised as per the directives of Corporate Office from time to time.

### **TERMS & CONDITIONS OF PART TIME ENGAGEMENT:**

- i. The engagement of Visiting Consultants, Clinical Psychologist will be purely temporary and will not confer any right to them to claim the status of a regular employee of the Company.
- ii. They will not be entitled for any other Allowance or Benefits other than those indicated above and will not confer any right to claim the Benefits / Facilities on par with regular employees of the Company.
- iii. They will abide by the Company's Rules & Regulations governing their engagement.
- iv. They will safeguard the security and confidentiality of all official matters and secrecy of information coming to their knowledge.

- v. They will be covered under the Income Tax, Service Tax, Professional Tax etc, as per the applicable rules. All such Taxes would be deducted from the remuneration payable to them.
- vi. They will be required to visit the Company Hospital on suitable days as per the requirements of the Organisation for providing treatment to employees and their dependent family members. In the event of emergency, they will be called as and when required.
- vii. The part time engagement is liable to be terminated by giving one month's notice in writing from either side. Further, the part time engagement will stand automatically terminated on completion of the prescribed tenure.

### **SELECTION PROCEDURE:**

The candidates meeting the eligibility criteria will be shortlisted based on more relevant experience/marks and will be called for personal interview. The list of shortlisted candidates will be hosted on HAL website ([www.hal-india.co.in](http://www.hal-india.co.in)). Date, time and venue of the interview will be intimated to the shortlisted / eligible candidates via E-mail. Candidates shortlisted for interview are required to bring the certificates / documents in original for proof of age, educational qualification and experience at the time of interview for verification.

### **HOW TO APPLY:**

- i. Eligible candidates may submit their duly filled-in applications in the prescribed format in A4 size paper along-with the copies of certificates (*self attested*) with reference to Age, Educational Qualification and Experience etc., along-with two latest passport size photographs and post to **MANAGER (HR), HR Department, Avionics Division, Post-HAL, Hyderabad-500 042 by Speed Post / Registered Post / Courier only so as to reach us on or before 24.06.2026.**
- ii. Applications received through any other mode viz. Fax/ E-mail etc. will not be accepted. **No Application will be received in person. Applications received after 24.06.2026 will not be accepted.** HAL shall not be responsible for any postal delay.
- iii. **The envelope containing the application should be super-scribed with Advertisement No. HAL-HYD/2026/02 and Name of the Post applied for.**

### **GENERAL CONDITIONS:**

- i. Only Indian Nationals need apply.
- ii. The qualifying degree must be recognized by the Medical Council of India (MCI) / State Medical Council/ Rehabilitation Council of India (RCI) (as the case may be).
- iii. Mere submission of application will not entail right for claiming part time engagement.
- iv. HAL Management reserves the right to fill-up or not to fill-up any or all the notified posts. HAL also reserves the right to cancel the advertisement and / or the selection process there under.
- v. Decision of HAL Management regarding selection will be final. Further, HAL Management reserves the right to fill-up or otherwise any or all the notified posts and also fill-up the future part time engagements, if any from the valid panel of selected candidates as per the rules of the Company.

- vi. Copies of Mark Sheets and Latest valid registration certificate issued by Medical Council of India (MCI) / State Medical Council/ Rehabilitation Council of India (RCI) (as the case may be), Experience/service Certificates indicating the joining & relieving dates and any other relevant certificates (self attested) must be attached along-with application form.
- vii. HAL is not responsible for any postal delay.
- viii. Incomplete Application Form or the application not in prescribed format will be rejected and no correspondence in this regard will be entertained.
- ix. HAL Management reserves right to call or not to call any / all of the candidates, who have responded against this advertisement.
- x. Queries, if any may please be clarified by contacting us at [rect.hyd@hal-india.co.in](mailto:rect.hyd@hal-india.co.in) or Ph. No. 040-23822231/ 23822235.

- oOo -

**HINDUSTAN AERONAUTICS LIMITED  
AVIONICS DIVISION :: HYDERABAD  
HUMAN RESOURCE DEPARTMENT**

**APPLICATION FORM FOR THE POST OF  
.....ON PART TIME BASIS**

**ADVT. NO. HAL-HYD/2026/02, DATED 08.06.2026.**

1	NAME (IN BLOCK LETTERS)		Affix recent self attested colour photograph
2	GENDER		
3	FATHER'S NAME		
4	MOTHER'S NAME		
5	a) DATE OF BIRTH (DD-MM-YYYY) b) AGE AS ON 24.06.2026		
6	STATE OF DOMICILE & NATIONALITY		
7	RELIGION		
8	WERE YOU DOMICILE OF J&K DURING THE PERIOD FROM 01.01.1980 TO 31.12.1989? (COPY OF CERTIFICATE TO BE PRODUCED AT THE TIME OF DOCUMENT VERIFICATION / INTERVIEW)	YES / NO	
9	TICK (☑) THE CATEGORY YOU BELONG TO (COPY OF CERTIFICATE TO BE PRODUCED AT THE TIME OF DOCUMENT VERIFICATION / INTERVIEW)	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> EWS <input type="checkbox"/> GEN	
10	ARE YOU A PERSON WITH DISABILITY (PWD)? IF SO, MENTION THE CATEGORY OF DISABILITY (COPY OF CERTIFICATE TO BE PRODUCED AT THE TIME OF DOCUMENT VERIFICATION / INTERVIEW)	YES / NO  _____	
11	ADDRESS FOR COMMUNICATION WITH CONTACT NO. & E-MAIL ID	_____ _____ Phone No(s). _____ E-Mail ID(s) _____	
12	PERMANENT ADDRESS WITH CONTACT NO.	_____ _____ Phone No(s). _____	
13	EXPECTED REMUNERATION PER VISIT (In Rupees)		
14	HAVE YOU BEEN INTERVIEWED BY HAL ANYTIME EARLIER?	YES / NO  (IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS :) Post Interviewed : _____ Date of Interview : _____ Venue of Interview : _____	

15	<p><b>HAVE YOU EVER BEEN A MEMBER/ WORKER OF ANY POLITICAL PARTY / ORGANISATION OR PARTICIPATED IN ANY POLITICAL ACTIVITIES?</b></p> <p>If 'Yes' please give the following details:</p> <p>a) Name of Political Party / Organization:</p> <p>b) Particulars of Political Activity (if any):</p> <p>c) Period of Membership (from year) / year of participation in Political Activity:</p> <p>d) Nature of Participation in Political Activity:</p> <p>e) Office, if any, held in Political Party:</p>	<p style="text-align: center;"><b>YES / NO</b></p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>e)</p>				
16	<p><b>IS / ARE ANY OF YOUR CLOSE RELATIVES WORKING IN HAL ?</b></p>	<p style="text-align: center;"><b>YES / NO</b></p> <p>(IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS :)</p> <p><b>NAME :</b> _____</p> <p><b>DESIGNATION :</b> _____</p> <p><b>DIVISION :</b> _____</p>				
17	<b>DETAILS OF EDUCATIONAL &amp; PROFESSIONAL QUALIFICATION(S)</b>					
	<b>Name of Qualification with Specialization</b>	<b>University / Institution</b>	<b>Nature of course (Full-Time / Part-Time / Correspondence)</b>	<b>Duration of the Course</b>	<b>Month &amp; Year of Passing</b>	<b>% of Marks / Grade / Class</b>
<b>(Note: Please give full &amp; complete information. Use separate sheets, if required)</b>						

Grade & Designation	Name of Organization	Govt. / Quasi Govt / PSU / PVT.	Type of Employment (Part-Time / Contract / Permanent)	Period of Employment (DD/MM/YYYY)		Gross Pay (Rs.)	Reason for Leaving
				From	To		

(Note: Please give complete details for experience profile like Date, Month & Year. Use separate sheets, if required)

**DECLARATION**

*I do hereby declare that, the above details furnished by me are true and complete to the best of my knowledge and belief. In the event of the said information being found false / incorrect / incomplete, my Candidature / Engagement may be terminated without any notice.*

PLACE :

SIGNATURE OF THE CANDIDATE

DATE :

**Note:** Enclose copies of self-attested certificates with regard to Age, Qualification & Experience in support of the details mentioned above.