

BHARAT HEAVY ELECTRICALS LIMITED

BIO-DATA FORM

APPLICATION FOR PART TIME MEDICAL CONSULTANT

Affix recently taken Passport size photograph

U	NIT :				
Post Applied for Int		rerview Centre			
1.	Name (in CAPITAL LETTERS and as er	ntered in the application form)			
2.	Mailing Address for communication	::			
		Pin			
	STD code	Contact Telephone no			
	Mobile No	e-mail			
3.	Date of Birth:				
4. 5.	Gender: Male Female	Third Gender			
6.	Marital Status – Unmarried	Married Divorced Widowed			
7.	Nationality .				
8.	Religion				

									Ann	exure- <i>P</i>
9.	Category*	Gen	eral	EWS	SC	ST		OBC	:	
								. <u></u> I		
			- 1							
10.	Father's Name	* Tick Mar	k the applica	able catego	ry					
10.	rather 5 Hame	•••		••••••	••••••		•••			
11.	Mother's Name						••••			
12.	Whether a Physi	cally Challer	nged person	? Yes/No	If yes,	, give details	·			
	Type of disabilit	ty Locomo	otor	Heari	ing Impai	rment	Vi:	sual Imp	airment	:
	Decibels loss / % o	f disability .	•••••••••							
Educat	tional background	d:								
(a) Deg	gree (MBBS)									
				T				1		
Universit	ty	Year	Semester*	Max. marl	ks N	1arks Obtain	ied	Attemp	ot (1 st / s	subsequen
		I year	1st							
Duratio	in:		2 nd							
From	11.	II year	1 st							
110111	(dd/mm/w)	li yeai	2 _{nd}	T						
	(dd/mm/yy)	Ш	1 _{st}							
		year	2 nd							
To		IV year	1 _{st}							
То			2 nd							
	(dd/mm/yy)		1 st							
			2 nd							
* For ar	nnual marking syste	Year Year		rks in 2nd S	iom	Aggregat		 f marks		<u></u>
rui ai	muai marking syste		ear wise illa		Jenn.	— Aggregat	.e 70 U	- Illaiks		/0
(c)	PG Degree (Specia	alization				_)				
Unive	University		Semester	*	Main Subjects			Max. narks		arks ained
Durati From	ion:	1 st year								
	(dd/mm/yy)	2 nd year								
To	(dd/mm/yy)	3 rd year #								
* For a	annual marking sys uired.	tem, fill the	year wise m	าarks in 2nd	Sem. #1	Γo be used,	A	Aggregate 	e % of m %	ıarks

.No.	Organization	Designation	From	То	Job profile
			(dd/mm/yyyy)	(dd/mm/yyyy)	
(b)	Details of relevant e	xperience:			
(~/					

15. If selected how much notice period do you require to join?

I want to join BHEL because

1 Month	2 Months	3 Months
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16. <u>Professional References:</u>

ii)

Two responsible persons who are familiar with your character and qualifications:

नाम	पदनाम और संगठन	पता
Name	Designation & Organization	Address

DECLARATION

I hereby declare that statements made by me in this form are true, complete and correct to the best of my knowledge and belief. If I am offered contractual engagement for the aforesaid position and the Company finds at any time that any part of the information given by me is incorrect or false or that I have concealed any information as required in this Form, I agree that my contractual engagement shall be liable to summary termination without any notice or compensation. I understand that I am not eligible for any TA/DA/Accommodation for this Interview.

I further understand that I have no right for regular absorption or continued association beyond the stipulated duration of my contractual engagement.

Date	Signature
Place	Name