

BHARAT HEAVY ELECTRICALS LIMITED

CORPORATE OFFICE, SIRI FORT,

NEW DELHI 110049

BIO DATA FORM

(To be filled by the Candidate)

FOR ENGAGEMENT OF PART -TIME MEDICAL CONSULTANT (SPECIALIST)

Please affix
passport size
photograph
self-attested

Specialisation	
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1. NAME (CAPITAL LETTERS AS PER HIGH SCHOOL CERTIFICATE)

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2. FATHER'S
NAME

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3. DATE OF BIRTH (DD/MM/YYYY)

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4. AGE (IN YEARS & MONTHS ON 01.01.2026)

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5. NATIONALITY

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6. ADDRESS FOR CORRESPONDENCE

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7. EDUCATIONAL QUALIFICATION (Please enclose copy of degrees)

QUALIFICATION	COLLEGE/ UNIVERSITY	FULL TIME/ PART TIME	PERIOD (FROM –TO)	YEAR OF PASSING	MAXIMUM MARKS	MARKS OBTAINED
MBBS						
MD/DNB						
Others, if any						

8. EXPERIENCE DETAILS

NAME OF HOSPITAL	PRIVATE ORG/GOVT ORG/SEMI GOVT ORG/OTHERS	TYPE OF ENGAGEMENT (REGULAR/CONTRACT/ AD HOC/PRIVATE PRACTISE)	PERIOD FROM	PERIOD TO	AREA OF WORK

9. REGISTRATION CERTIFICATE OF MEDICAL COUNCIL OF INDIA OR STATE MEDICAL COUNCIL

REGISTRATION NO.	DATED	VALID UPTO

10. HAVE/HAS YOUR PARENTS/SPOUSE BEEN IN SERVICE OF BHEL? YES/NO

IF YES, PLEASE FURNISH DETAILS

A. STATUS OF EMPLOYMENT

(SERVING/RETIRED/DEATH DURING SERVICE/ DEATH AFTER SERVICE)

B. STAFF NUMBER & UNIT

C. PHONE NUMBER/ MOBILE 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.....