



BHARAT HEAVY ELECTRICALS LIMITED
EDN, Mysore Road, Bangalore- 560026.

PLEASE AFFIX
PASSPORT SIZE
PHOTOGRAPH
SELF
ATTESTED

BIO DATA FORM

(To be filled by the Candidate)

FOR ENGAGEMENT OF PART-TIME MEDICAL OFFICER

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

2. FATHER 'S NAME

3. DATE OF BIRTH

D	D	M	M	Y	Y

CATEGORY

(GEN/SC/ST/OBC)

CASTE

NAME

4. PHYSICALLY CHALLENGED ? YES/NO

IF YES(OH/VH/HH)

%AGE

5. EX-SERVICEMAN ? YES/NO

YEARS OF SERVICE

6. ADDRESS FOR CORRESPONDENCE

7. EDUCATIONAL QUALIFICATIONS

QUALIFICATION	PERIOD (FROM-TO)	YEAR OF PASSING	MAXIMUM MARKS	MARKS SCORED
MBBS				
OTHERS				

8 .EXPERIENCE DETAILS

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

9. 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

10 . 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 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.....