

BHARAT HEAVY ELECTRICALS LIMITED Solar Business Division (SBD), Malleswaram

REF:SBD/Rectt/PTMC/2022

Date 14.12.2022

BHEL, Malleswaram Complex invites applications for its Occupational Health Center from eligible candidates for **One** (01) **Part- Time Medical Consultants** (**PTMC**) with **MBBS** and **min. one year of experience** positions as mentioned below:-

Table A:

PTMC	Timings		Emoluments	Total emoluments per year	
PTMC with MBBS	Monday	12.30 pm		1 1	
with 1 yr experience	to Saturday	12.30 pm to 4.30 pm	440 per hour	549120/-	
Conveyance			Rs. 4500/-	54000	
-			per month		

AGE

Not more than 64 years as on 01.02.2023, age can be relaxed upto 70 years at the discretion of Management

QUALIFICATION

MBBS with min 1 year experience

REMUNERATION:

Remuneration will be as per the above table A.

TENURE

- The appointment is for a period of one year.
- Working Hours will be as per Tables A
- There will be notice period of one month, on either side, for discontinuing the engagement.

IMPORTANT INSTRUCTIONS:

- Candidates applying for the above posts shall have all their Degrees (MBBS/MD/MS/PG Diploma) recognized by Medical Council of India (MCI).
- Candidates applying for the above posts must be registered with Medical Council of India/State Medical Council

HOW TO APPLY:

Desirous candidates may send their Application with complete details super scribing the envelope as "Application for PTMC" to AGM (HR) as per enclosed format, HRM Dept., BHEL-Solar Business Division, Prof CNR Rao Circle, IISc Post, Bangalore - 560012 so as to reach us on or before 04.01.2023.

Along with photocopies of the following certificates / testimonials / experience certificates:

- 1. Tenth class (High School) Certificate
- 2. Degree / Post Graduation Certificate (MBBS/ PG Diploma / MD / DNB/ DM / MCH etc)
- 3. Registration Certificate (MCI)
- 4. Certificate regarding the Degrees (MBBS/ PG Dip / MD / DNB/ DM / MCH) being recognized by MCI.
- 5. Proof of experience

Late / incomplete applications will not be considered.

SELECTION:

Candidates shortlisted on the basis of applications submitted by 04.01.2023 will be called for Personal interview on a date which will be intimated to the shortlisted candidates separately.

AGM (HR)

APPLICATION FORM FOR PART TIME MEDICAL CONSULTANT (PTMC) BHARAT HEAVY ELECTRICALS LIMITED, SBD

	Post applied for, 1		taken Passport size photograph	
	1			
1)	Name (in CAPITAL LET	ΓERS)		
2)	Mailing Address			•
	n			
	ontact Telephone No mail			••
3)	Date of Birth			
4)		d/Married/Other (please specify)		
5)	Religion	Nationality		
6)		& Organisation, if applicable		
7)	Spouse's Name, Occupation	on & Organisation, if applicable (in case of married candidate)	
	8) Are you an ex-service9) If yes,	man (worked with Armed forces)? Give details : 1. Yes 2. No	
	10) give following details:			
Se	ervice	Rank last held		

11) Whether a disabled person ? Yes			No	No if yes, give following details Type of				
disability : Locomotor			Hearing impairment					
of disability	/: 		• • • • • • • • • • • • • • • • • • • •					
2) Have you	suffered fro	om any majo	or illness/ac	cident : (P	lease Specif	fy)		
			• • • • • • • • • • • • • • • • • • • •					
								•••••
3) Education	al Backgro	und: a) Scho	oling:					
<u>, </u>		Name of	-	Duration		Main	Max.	Marks
	School	Exam	Board	From	То	Subjects	Marks	Obtained
X or Equiv								
XII or Equiv								
			1					
MBBS						, ,		_
Name of College / Institute /				Max.	Marks	Attempt (1st/		
	Universiy	Stitute /	From	То	Marks	Obtained	Subsequent)	
ggregate %					6			
Certification	ns/ Other A	cademic Qu	alifications					
								•••••
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • •	• • • • • • • • •					

Qualification	(Medic	stration No. cal Council of India)	Registrati (State M Cound	edical	Name of S Medical Co	
2) Please specify	,					
Academic /Rese	earch/Achie	vements you want	to mention:			
• • • • • • • • • • • • • • • • • • • •			•••••			•••••
) I want to join B	HEL becau	se				
	• • • • • • • • • • • • • • • • • • • •					
_	_	ils of your past an	d present em	ıploymer	nt/occupation till d	ate Work
Experience det	tails				Total monthly	Reason fo
Experience det	tails	ils of your past and Position Held	d present em	nploymer To	- 1	1
Experience det	tails				Total monthly	Reason fo
Experience det	tails				Total monthly	Reason fo
Experience det	tails				Total monthly	Reason fo
Experience det	tails				Total monthly	Reason fo
Experience det	tails				Total monthly	Reason fo

Post	
Unit/Division	
Date of Interview	
Result	
15) Has your parent/spouse been in serv	vice of BHEL ? Yes No
If yes, give following details	
Name of Parent/Spouse	
Staff No	·····
Designation Unit / Division	
Present Status: (Employed presently/Re	esigned/Retired/Voluntarily Retired/Deceased)
	DECLARATION
the Company finds at any time that any I have concealed any relevant informa	by me in this form are true and complete. If I am appointed and part of the information given by me is incorrect or false or that tion, I agree that my appointment shall be liable to summary bensation and I am liable to refund the expenses incurred by the
Date	Signature
Place	Name
Enclosures	
Photocopies of the following certificate	s/testimonials/experience certificates:
1. Tenth class (High School) Certificate	,
2. Degree /Post Graduation Certificate	(MBBS/PG Diploma/MD/DNB/DM/MCH etc)
3. Registration certificate (MCI)	
4. Certificate regarding the Degrees (M	BBS/PG Dip/MD/DNB/DM/MCH) being recognized by MCI
5. Other relevant documents	