

BHARAT ELECTRONICS LIMITED

Jalahalli P.O., Bangalore 560 013

APPLICATION FOR THE POST OF MEDICAL OFFICER SR. MEDICAL OFFICER

DY. CHIEF MEDICAL OFFICER

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1. Name of Applicant:					
2. Father's Name:					
3. Age (as on 01.01.2014)	Date	of Birth :		4. Sex: M	/ F
5. Nationality:	6. Religion: _				
7. Category:	_(General/OBC/SC/	(ST/PWD) 8	. Marital St	atus:	
9. Contact details:					
PERMANENT ADDR	ESS:	CORRESI	PONDENCE	ADDRESS	5:
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PIN CODE:			Ξ:		
Land line no. :	N	Iobile no.:			
e-mail ID :					
10. Educational Qualif	ication: (starting from	Matriculation)			
Name of the course	Name of University / College	Duration (From – to)	Aggregate % of Marks	Grade / Class obtained	Year of Passing

11. Medical Council Registration Details: (enclose copies registration certificates)

Qualification	Name of the Medical Council	Registration No.	Place of Registration	Validity
MBBS				
Diploma				

12. Details of Post qualification Experience: (Mention relevant experience for the post only in descending order. Use additional sheets if required)

Name of the organization	Position held	Remuneration per month (Rs.)	Period of Employment (From – To)	Experience (yrs, months, days)	Nature of Job / Job responsibilities	Reason for leaving

13.	Please	give	particulars	of your	relative /	s emplo	yed in	BEL,	if any:

Name	Relationship	Designation	Department	Unit

14. Application fee payment	t details:				
a) Journal No.:		b) Date o	of payment:		
	UND	ERTAKING			
I affirm that the information stage, it is discovered that misrepresent the facts state employment terminated.	an attempt	has been mad	de by me to	willfully conceal	or
Date: Place:			Signa	ature of the applica	— ant