

BHARAT ELECTRONICS LIMITED

Jalahalli P.O., Bangalore 560 013

APPLICATION FOR THE POST OF MEDICAL OFFICER SR. MEDICAL OFFICER

Affix recent passport size colour photograph here

1. Name of Applicant:					
2. Father's Name:					
3. Age (as on 01.10.2013)	Date	of Birth :		4. Sex: M	/ F
5. Nationality:	6. Religion: _				
7. Category:	(General/OBC/SC/S	ST/PWD) 8	3. Marital St	atus:	
9. Contact details:		T 00 = = = =			
PERMANENT ADDRI	ESS:	CORRES	PONDENCE	ADDRESS	S:
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PIN CODE:			E:		
Land line no.:	M	obile no.:			
e-mail ID :					
10. Educational Qualifi	cation: (starting from	Matriculation)			
Name of the course	Name of	Duration	Aggregate		Year of

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 of registration certificates)

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

12. Details of Post qualification Experience: (Mention relevant post qualification experience only for the post 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