

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 employed in BEL, if any:

Name	Relationship	Designation	Department	Unit

14. Application fee payment details:

a) Journal No.: _____ **b) Date of payment:** _____

UNDERTAKING

I affirm that the information given above is true and correct. I further undertake that, if at any stage, it is discovered that an attempt has been made by me to willfully conceal or misrepresent the facts stated above, my candidature may be summarily rejected or my employment terminated.

Date:

Place:

Signature of the applicant