



BHARAT HEAVY ELECTRICALS LIMITED

APPLICATION FOR CONTRACTUAL MEDICAL PRACTITIONER (SPECIALIST) (Ref.No. Advertisement No. HPBP/ 01/ CMP /2025)

Affix
recently taken
Passport size
photograph

UNIT : TRICHY

Post Applied for

CMP – Specialist

Interview Centre

TRICHY

1. Name (in CAPITAL LETTERS and as entered in the application form)

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2. Mailing Address for communication:

.....
.....
.....

Pin.....

STD code.....

Contact Telephone no.....

Mobile No.

e-mail

3. Date of Birth:

4. Gender: Male Female Third Gender

5. Marital Status – Unmarried Married Divorced Widowed

6. Nationality

7. Religion

8. Category*	General	EWS	SC	ST	OBC

* Tick Mark the applicable category

9. Father's Name

10. Mother's Name

11. Whether a Physically Challenged person? Yes/No If yes, give details

Type of disability (pl ✓) Locomotor Hearing Impairment Visual Impairment

Decibels loss / % of disability

12. **Educational background:**

(a) **Degree (MBBS)**

University	Year	Semester*	Max. marks	Marks Obtained	Attempt (1 st / subsequent)
Duration: From _____ (dd/mm/yy) To _____ (dd/mm/yy)	I year	1 st			
		2 nd			
	II year	1 st			
		2 nd			
	III year	1 st			
		2 nd			
	IV year	1 st			
		2 nd			
	V Year	1 st			
		2 nd			
* For annual marking system, fill the year wise marks in 2nd Sem.				Aggregate % of marks%	

(c) **PG Degree (Specialization - _____)**

University	Year	Semester*	Main Subjects	Max. marks	Marks Obtained
Duration: From _____ (dd/mm/yy) To _____ (dd/mm/yy)	1 st year				
	2 nd year				
	3 rd year #				
* For annual marking system, fill the year wise marks in 2nd Sem. # To be used, if required.				Aggregate % of marks%	

14. Previous Employment Details:

(a) Experience Details: Total Post Qualification Experience ____ Years

S.No.	Organization	Designation	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Job profile

(b) Details of relevant experience:

- i) Briefly describe your experience.....

- ii) I want to join BHEL because

15. If selected how much notice period do you require to join?

1 Month	2 Months	3 Months
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16. Professional References:

Two responsible persons who are familiar with your character and qualifications:

Name	Designation & Organization	Address

DECLARATION

I hereby declare that statements made by me in this form are true, complete and correct to the best of my knowledge and belief. If I am offered contractual engagement for the aforesaid position and the Company finds at any time that any part of the information given by me is incorrect or false or that I have concealed any information as required in this Form, I agree that my contractual engagement shall be liable to summary termination without any notice or compensation. I understand that I am not eligible for any TA/DA/Accommodation for this Interview.

I further understand that I have no right for regular absorption or continued association beyond the stipulated duration of my contractual engagement.

Date Signature

Place Name
