



HINDUSTAN AERONAUTICS LIMITED
INDUSTRIAL HEALTH CENTER
BANGALORE COMPLEX, Vimanapura Post,
Bangalore - 560017
Telephone : 080-22323005

January 27, 2025

**ENGAGEMENT OF YOGA THERAPIST (PART TIME /VISIT BASIS)
IN INDUSTRIAL HEALTH CENTER**

HINDUSTAN AERONAUTICS LIMITED (HAL), a Maharatna Company, is a Premier Aeronautical Industry of South Asia, with 20 Production Divisions and 10 R&D Centres spread across the Country. HAL's spectrum of expertise encompasses design, development, manufacture, repair, overhaul and upgrade of Aircraft, Helicopters, Aero Engines, Industrial & Marine Gas Turbines, Accessories, Avionics & Systems and Structural components for Satellites and Launch vehicles.

HAL Industrial Health Center, Bangalore-560 017, requires **YOGA THERAPIST** on **PART TIME / VISIT BASIS**. The requirement of the post is as follows:

| | | |
|--|---|---|
| POST | : | YOGA THERAPIST (PART TIME/VISIT BASIS) |
| Advt. No. | : | IHC/HR/25/01/2025 |
| No. of Posts | : | 01 |
| Qualification | : | B.Sc (Yoga or Yoga Therapy) M.Sc Yoga or Yoga Therapy) |
| Maximum age as on 01/01/2025 | : | Preferably below 40 years |
| Experience as on 01/01/2025 | : | Minimum 1 Year of Post Qualification Experience in the discipline. |
| Tenure | : | Initially for a period of 2 years, renewable at the discretion of the Management. |
| No. of Visits | : | 3 visits in a week for minimum of 3-4 hrs per visit OR as per the requirement /need basis. |
| Remuneration | : | The candidates are required to indicate the expected Remuneration per visit, at the time of applying. However, selected candidates will be offered consolidated package (including conveyance) depending on the qualification and experience. |

GENERAL CONDITIONS

- > HAL reserves the right to cancel the advertisement and / or the selection process there under.
- > Decision of HAL Management regarding selection will be final.
- > In case of difficulty or for any queries, contact us at 080-22323005/080-22328023 or at hr.medical@hal-india.co.in.
- > Last Date for forwarding the application is **10/02/2025**.

HOW TO APPLY:

Interested candidates who meet with the above criteria shall forward their application strictly in the application format given below (neatly typed/hand written) by **POST** only, so as to reach on or before **10/02/2025**, to **Chief Manager(HR), Industrial Health Center, Hindustan Aeronautics Limited (Bangalore Complex), Suranjandas Road, (Near Old Airport), Bangalore-560 017** in an Envelope superscribing "**APPLICATION FOR THE POST OF YOGA THERAPIST**". Resume/application sent through E-mail will not be entertained. The application shall accompany the self attested Xerox copies of certificates in support of Date of Birth, Educational Qualifications, Experience etc...

Chief Manager(HR)

Encl: Application Format



HINDUSTAN AERONAUTICS LIMITED
(BANGALORE COMPLEX)
INDUSTRIAL HEALTH CENTER

Affix your Passport
size photograph
here

APPLICATION FOR THE POST OF **YOGA THERAPIST**
(PART TIME/VISIT BASIS)

ADVERTISEMENT NO. IHC/HR/25/01/2025 DATED 27/01/2025

| | | |
|----|---|---|
| 01 | FULL NAME (PLEASE INDICATE IN BLOCK LETTERS) | |
| 02 | GENDER | MALE / FEMALE |
| 03 | FATHER'S NAME | |
| 04 | MOTHER'S NAME | |
| 05 | A) DATE OF BIRTH (DD/MM/YYYY) B) AGE AS ON 01/01/2025 | |
| 06 | STATE OF DOMICILE & NATIONALITY | |
| 07 | RELIGION | |
| 08 | CATEGORY (indicate (✓/)) THE CATEGORY YOU BELONG TO) | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> GEN <input type="checkbox"/> PWD <input type="checkbox"/> EX-SM <input type="checkbox"/> EWS |
| 09 | ADDRESS FOR COMMUNICATION WITH CONTACT NUMBER AND E-MAIL | PHONE NO: _____ e-mail ID _____ |
| 10 | PERMANENT ADDRESS WITH CONTACT NUMBER | |
| 11 | EXPECTED REMUNERATION PER VISIT (IN RUPEES) | |

Contd...2...

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|---|---|--|---|--|-------------------------------|---------------|---------------------|-------------------|----------|
| 12 | IS/ARE ANY OF YOUR CLOSE RELATIVES WORKING IN HAL? IF SO, GIVE DETAILS OF NAME, DESIGNATION, DIVISION | YES / NO | | | | | | | |
| | | <table border="1" style="width: 100%;"> <tr><td>NAME</td></tr> <tr><td>DESIGNATION</td></tr> <tr><td>DIVISION</td></tr> </table> | | | | | NAME | DESIGNATION | DIVISION |
| NAME | | | | | | | | | |
| DESIGNATION | | | | | | | | | |
| DIVISION | | | | | | | | | |
| 13 | HAVE YOU BEEN INTERVIEWED BY HAL ANY TIME EARLIER | YES / NO | | | | | | | |
| | | <table border="1" style="width: 100%;"> <tr><td>POST INTERVIEWED</td></tr> <tr><td>DATE OF INTERVIEW</td></tr> <tr><td>DIVISION</td></tr> </table> | | | | | POST INTERVIEWED | DATE OF INTERVIEW | DIVISION |
| POST INTERVIEWED | | | | | | | | | |
| DATE OF INTERVIEW | | | | | | | | | |
| DIVISION | | | | | | | | | |
| 14 DETAILS OF EDUCATIONAL QUALIFICATION (PLEASE ATTACH COPIES OF CERTIFICATES) | | | | | | | | | |
| Name of the Qualification with Specialization | University / Institution | Whether Full Time/Part-Time/ Correspondence | Duration of the Course | Month & year of Passing | %age of Marks / Grade / Class | | | | |
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| | | | | | | | | | |
| 15 DETAILS OF EXPERIENCE AS ON 01/01/2025 (IN YEARS)(In chronological Order, from first to the present Job) (PLEASE ATTACH COPIES OF CERTIFICATES) | | | | | | | | | |
| GRADE / DESIGNATION | Name of Organisation | Govt / Quasi Govt / PSU / PVT | Type of employment - Part time / Contract / Regular | Period of employment (DD/MM/YYYY) From To | | Gross Pay Rs. | Reasons for leaving | | |
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DECLARATION

I do hereby declare that, the above details furnished by me are true and complete to the best of my knowledge and belief. In the event of the said information being found false / incorrect / incomplete, my candidature / Engagement may be terminated without any notice.

PLACE :
DATE :

(SIGNATURE)

NOTE : Enclose copies of self attested certificates with regard to age, qualification and Experience.