



**BHARAT ELECTRONICS LIMITED
PUNE UNIT
(PERSONAL PARTICULARS FORM)**



Affix your
Photograph

POST : VISITING MEDICAL OFFICER (AYURVEDA, HOMEOPATHY)

POST CODE: VMO-AYURVED / VMO-HOMEO -(Put Tick Mark)

1. Name in full : (Mr./Ms.) :
(As per SSLC certificate)
2. Age & Date of birth :
(as on 01.08.2018)
3. Sex: M/F :
4. Father's Name :
5. Nationality :
6. Address with Pin Code
a) Permanent Address c) Correspondence Address

- Phone No: Phone No:
- b) e-mail id : d) Mobile Ph No :

7. Category-GEN/OBC/SC/ST :
(Enclose Certificate in the prescribed format)
8. a) Indicate if you are a Person with Disability :
If yes, indicate nature of Disability.
(Disability certificate in the prescribed format to be enclosed)
b) Degree of disability as indicated in the Certificate :
9. Religion: Hindu/Muslim/Christian/Sikh/ :
Neo-Buddhist/ Zoroastrian, others (please specify)
10. a) Hobbies/ Special Interests :
b) Whether participated in NCC/Scouts/Cultural activities/Debate/
Competition/Sports etc.(Please specify) :

OH	VH	HH
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11. Qualification (Academic/Professional) :
(Indicate division and year of passing)

Educational Status from SSLC	Institute/University	Main Subject/s	Aggregate %	Class Secured	Year of Passing

12. Work Experience: (Attach separate sheet, if required)

Sl No	Name of the Organization	From	To	Designation	Pay details	Details of responsibilities in brief
1						
2						
3						

13. LANGUAGES KNOWN - READ WRITE SPEAK

1. _____ ----- ----- -----

2. _____ ----- ----- -----

3. _____ ----- ----- -----

14. Details of relatives employed in BEL, if any

- a) Name :
- b) Relationship :
- c) Designation :
- d) Department :
- e) Unit :

15 Undertaking

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

SIGNATURE OF THE CANDIDATE

Date:

Place: