

भारत इलेक्ट्रॉनिक्स लिमिटेड/ BHARAT ELECTRONICS LIMITED

**APPLICATION FOR THE POST OF VISITING MEDICAL OFFICER (Part Time –
 Ayurveda Doctor)**

Advertisement No.: 2025-26/05/PK/VMA/002

अनुदेश-बड़े अक्षरों में भरें

Instructions: TO BE FILLED IN BLOCK LETTERS.

Affix your
Recent Colour
Photograph and
Sign Across the
Photo

1. Full Name : (Mr./Ms.) : _____
 (As per SSLC certificate)
2. Father's Name : _____
3. Date of Birth (DD/MM/YYYY) : _____ Age: ____ YY ____ MM (As on 01.07.2025)
4. Gender : Male/ Female/ Others
5. Nationality : _____
6. Category (General / OBC / SC / ST/ EWS) : _____
 (Enclose Certificate in the prescribed format)
7. a) Indicate if you are a Person with Disability : ☐ Yes ☐ No
 If yes, indicate nature of Disability. _____
 (Enclose Disability certificate in the prescribed format)
- b) Degree of disability as indicated in the Certificate : _____
8. Religion : Hindu/Muslim/Christian/Sikh/Neo-Buddhist/ Zoroastrian/ Others (Please specify)
9. (a) Qualification (Academic/Professional)
 (Indicate division & year of passing)

Education (SSLC onwards)	Institution/University	Main Subjects Studied	Class/ Division	Grade/ % of Marks	Year of Passing
10 th					
12 th					

(b) If your university / Institute followed an evaluation system other than percentage, kindly provide the conversion factor: _____

10. Work Experience

Name of the Organization	Employment Details		Experience		Designation	Cost to Company (In Rs.)	Details of responsibilities in brief
	From	To	Years	Months			
Total Work Experience (in Years and Months)							

11. Details of relatives employed in BEL, if any

Name	Relationship	Designation	Department	Unit

12. Address with Pin Code

a) Permanent Address

Pincode: _____

b) Correspondence Address

Pincode: _____

c) E-mail ID (in BLOCK LETTERS) : _____

(All correspondence will be made to this email id only)

d) Mobile No. : _____

13. Undertaking

मैं एतद्वारा यह घोषणा करता हूँ कि उक्त कथन मेरी जानकारी और विश्वास के अनुसार सत्य और संपूर्ण हैं। यदि ऐसी सूचना झूठी या गलत पाई जाती है तो मेरी उम्मीदवारी सूचना दिए बिना समाप्त की जा सकती है। मैं आगे घोषणा करता हूँ कि यदि चरण में यह पता चलता है कि मेरे द्वारा जानबूझकर तथ्यों को छिपाने या गलत ढंग से प्रस्तुत करने का प्रयास किया गया है, तो मेरी उम्मीदवारी को सरसरी तौर पर रद्द किया जा सकता है या नियोजन को समाप्त किया जा सकता है।

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. In the event, the information is found to be false or incorrect; my candidature may be terminated without notice. I further declare that if any at stage it is discovered that an attempt has been made by me to willfully conceal or mis-represent facts, my candidature may be summarily rejected or may employment terminated.

दिनांक / Date:

अभ्यर्थी के हस्ताक्षर / SIGNATURE OF THE CANDIDATE

स्थान / Place: