

APPLICATION FORM FOR THE POST OF MEDICAL OFFICER
(PERMANENT / FIXED TENURE BASIS)

Advt. No. : 383/MED/OFR/REC/2025 dated 18.02.2026

Job code * : **PRMO1** ☐
 FTSMO1 ☐
 FTSMO2 ☐

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1. Name of the Candidate in full:

(As per SSLC / SSC Certificate)

2. Father's Name:

3. Date of birth: (DD/MM/YYYY) _____ Age: _____ YY _____ MM
(as on 01.02.2026)

4. Gender: _____

5. Category: _____ (GEN / OBC(NCL)/SC/ST)

6. Indicate (tick) if a Person with Benchmark Disability (PwBD): OH / VH / HH.
If yes, percentage of disability _____

7. Nationality: _____

8. Religion: _____

9. Permanent Address:

District: _____ State _____ Pin

Code: _____

e-Mail ID. : _____ Mobile No: _____

Correspondence Address:

District: _____ State: _____

Pin Code: _____

e-Mail ID. : _____ Mobile No: _____

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

10. QUALIFICATION (from SSLC/SSC onwards):

Qualification	Discipline	Class Secured	Year of Passing	Institution where studied
10th Standard (SSLC / SSC)				
12th Standard / Diploma				
MBBS				
MS/MD				
DCH				
AFIH				
Others				

11. POST QUALIFICATION EXPERIENCE DETAILS :

(Start with the present one & separate sheet may be used & enclosed if required)

Name of the Hospital/Organisation	Employment details		Experience		Designation	Cost to the Company	Brief on duties & responsibilities (Use separate sheet for more details)
	From DD/MM / YYYY	To DD/MM / YYYY	From DD/MM / YYYY	To DD/MM / YYYY			

- Note :**
1. Academic or Teaching experience and Research work experience will not be considered.
 2. The work experience declared above will be considered as one of the parameter to short-list for written test.

12. Have you appeared for any previous selections for Appointment in BEL / worked/ working in BEL, if so, please furnish the details in brief:

13. Please give particulars of your relative employed in BEL, if any:

Name	Relationship	Designation	Department	SBU/Unit

14. FEE PAYMENT DETAILS (IF APPLICABLE)

SBI collect reference No.*	Date of Payment	Amount

* Separate SBI collect reference No. to be generated & attached for each Job code applied.

15. The following copies of the Certificates are to be self-attested and attached to the application in the following order:

Sl. No.	Copies of Certificates	Yes / No / Not Applicable
1	Self-attested copy of SSLC/Matriculation Certificate (proof of age)	
2	Self-attested copy of PUC/12th Class Marks Card.	
3	Self-attested copies of MBBS Marks cards for having passed all semesters/years.	
4	Self-attested copies of MD/DCH/MS Marks cards for having passed all semesters/years.	
5	Associate Fellowship in Industrial Health (AFIH) Certificate	
6	Self-attested copies of Provisional/Final Degree Certificate	
7	Post qualification work experience certificate/s from previous to current employer. Where current employment certificate is not produced, the Offer of current employment, latest salary slip and Employee ID proof should be compulsorily enclosed to determine the No of years of experience.	
8	A separate write up mentioning the details of Duties and Responsibilities in the current and previous jobs.	
9	Caste /Tribe /Disability certificate (if applicable). (OBC(NCL)/SC/ST/PwBD) certificate should be latest and strictly in the prescribed formats.	
10	No Objection Certificate (if applicable) for Candidates working in PSUs /Government / Quasi Government organizations.	
11	Application Fees Receipt – if applicable	
12	Any other Certificates / Testimonials (if any, may be attached)	

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 wilfully conceal or misrepresent the facts stated above, my candidature may be summarily rejected or my engagement be terminated.

Date:

Place:

SIGNATURE OF THE CANDIDATE