



Quality, Technology, Innovation

BHARAT ELECTRONICS LIMITED,  
CHENNAI – 600 089

**APPLICATION FORM FOR THE POST OF VISITING MEDICAL OFFICER**  
**(TO BE FILLED IN BLOCK LETTERS ONLY)**

Affix your recent  
passport size  
Photograph here  
& sign across the  
photo

**Ayurvedic**  **Homeopathy**  (tick whichever is applicable)

1. Name of the candidate (Name in full) : (Mr./Ms.) :  
(As per SSLC Certificate)
2. Date of birth(DD/MM/YYYY) & Age(as on 01.03.2020) :
3. Gender (Male/Female) :
4. Father's Name :
5. Nationality :
6. Category- (GEN/OBC/SC/ST/PWD/EWS) :
7. Religion : Hindu/Muslim/Christian/Sikh/  
Neo-Buddhist/Zorastrian, others(please specify) :
8. a) Hobbies/Special Interests :  
b) Whether participated in NCC/Scouts/Cultural activities/  
Debate/Competition/Sports etc.(Please specify) :

**9. Qualification Details :**

<b>Educational status from SSLC onwards</b>	<b>Institution / University</b>	<b>Discipline</b>	<b>Aggregate Marks/percentage</b>	<b>Year of passing</b>

:2:

**10. Professional Experience :** (Enclosed a separate sheet, if required)

Sl. No.	Name of the Organisation / Hospital / Clinic	Employment details		Designation	Remuneration / Salary drawn (Rs.)	Nature of work
		From	To			
1						
2						
3						

11. Details of relatives employed in BEL, if any

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

12. Address with Pin Code

a) Permanent Address

b) Correspondence Address

Phone No:

Phone No:

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

d) Mobile No:

13. 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 willfully conceal or mis-represent the facts stated above, my candidature may be summarily rejected or my engagement be terminated

Date :

SIGNATURE OF THE CANDIDATE

Place :