Bharat Heavy Electricals Limited, Bhopal

(A Govt. Of India Undertaking)
Advertisement No: S2P/1-2/SR/01/2017

BHEL, Bhopal invites applications for its 300 bedded Kasturba Hospital (NBE accredited) from eligible candidates for **Senior Resident** positions mentioned below:-

Position	Specialty/ Discipline	No. of Posts *	Qualification Requirement	Upper Age Limit (as on 01/01/17)
Sr Resident (General Medicine)	Medicine	02	PG Degree/ Diploma	
Sr Resident (General Surgery)	Surgery	02	PG Degree/ Diploma	35 years
Sr Resident (Obs & Gyn)	Obs & Gyn	02	PG Degree/ Diploma	

^{*}Number of vacancies is tentative and subject to revision of requirement.

The engagement is for a period of 01 year, which can be considered for another 01 year.

RESERVATIONS:

The reservation requirement will be as follows:

UR	OBC	Total
05	01	06

UR – Unreserved, OBC-Other Backward Class (Non-creamy Layer), SC-Scheduled Caste.

REMUNERATION:

Remuneration will be on monthly consolidated basis as per State Government norms for both first year &/or second year of engagement :-

Post	Remuneration per Month (Rs.)
Senior Resident	49,000/-

ACCOMMODATION:

Accommodation will be arranged as per the requirement and availability under the company norms.

TENURE:

- The appointment is initially for a period of One year, which may be extended by another year with mutual consent.
- ❖ Working Hours will be upto a maximum of 8 working hours in a day.
- ❖ There will be notice period of one month, on either side, for discontinuing the engagement.

IMPORTANT INSTRUCTIONS:

- Candidates applying for the above posts shall have all their Degrees (MBBS/MD/MS/PG Diploma) recognized by Medical Council of India (MCI).
- Candidates applying for the above posts must be registered with Medical Council of India/State Medical Council

HOW TO APPLY:

Desirous candidates may send their Application with complete details super scribing the envelope as "<u>Application for Senior Resident</u>" to DGM (HR) as per enclosed format, HRM Dept., 5th Floor, Administrative Building, BHEL, Piplani, Bhopal 462022 so as to reach us on or before 15.02.2017.

Along with photocopies of the following certificates / testimonials / experience certificates:

- 1. Tenth class (High School) Certificate
- Degree / Post Graduation Certificate (MBBS/ PG Diploma / MD / DNB/ DM / MCH etc)
- 3. Registration Certificate (MCI)
- 4. Certificate regarding the Degrees (MBBS/ PG Dip / MD / DNB/ DM / MCH) being recognized by MCI.
- 5. SC/ST/OBC Caste certificate (If applicable)

Late / incomplete applications will not be considered.

DGM (HR)

APPLICATION FORM FOR SENIOR RESIDENT KASTURBA HOSPITAL, BHEL ,BHOPAL

	Post Applied for
1)	
2)	
3)	

Affix recently taken Passport size photograph

3)
Name (in CAPITAL LETTERS)
Mailing Address
Pin
Contact Telephone No Mobile No
E-mail
Date of Birth
Marital Status – Unmarried / Married / Other (please specify)
Religion Nationality
Category
General OBC SC ST
If you belong to OBC/ST/SC category, please give the name of your Caste / Tribe as specified in the Caste
Certificate
Father's Name Occupation & Organisation, if applicable
Spouse's Name, Occupation & Organisation, if applicable (in case of married candidates)
Are you an ex-serviceman (worked with Armed forces)? Give Details Yes No
If yes, give following details :
Service Rank last held

	ve you suf	fered from	any maj	or illn	ess / acci	dent	: (Pleas	e Speci	fy) 				
	ucational b	oackground :	:										
		School	Name	of	Board		Dura	ation	Ма		Max	ζ.	Marks
	or Equiv		Exam				From	То	Su	bjects	Mar	ks	Obtd
Λ (Ji Lyuiv												
XII	or Equiv												
c)	P G Degree	e % of marks e/P G Diplo	ma/Equ	ivaler	nt								
	Cou	rse	Discipli	ne	Fror	n	То		Max ⁄Iarks	Mar Obtai			npt (1 st /equent)
		e % of marks			% ualificati	ons							

e) Registration Detai

Qualification	Registration No. (Medical Council of India)	Registration No. (State Medical Council)	Name of State Medical Council
MBBS			
PG Degree/Diploma			

13)	Please Specify.									
·	a) Academic / Research /	Achievements yo	u want to me	ention:						
	b) I want to join BHEL bed	cause								
14)	Please give complete det	ails of vour past a	nd present e	mplovment /	occupation till date					
•	ricuse give complete det	ans or your past ar	μ. σ.	1 - 7 7	•					
·	Work Experience Details	ans or your past a	pr	1 7 7	•					
SN		Position Held	From	То	Total monthly emoluments					
	Work Experience Details				Total monthly					
	Work Experience Details				Total monthly					
	Work Experience Details				Total monthly					
	Work Experience Details				Total monthly					
	Work Experience Details				Total monthly					
SN	Work Experience Details	Position Held	From	То	Total monthly					
SN	Work Experience Details Organisation & Place	Position Held ed for any post in	From	То	Total monthly emoluments					
SN	Work Experience Details Organisation & Place Have you been interview	Position Held ed for any post in	From BHEL earlier	To	Total monthly emoluments					
SN	Work Experience Details Organisation & Place Have you been interview If yes, furnish following d	Position Held ed for any post in etails	From BHEL earlier	To	Total monthly emoluments					
SN	Work Experience Details Organisation & Place Have you been interview If yes, furnish following d Post	Position Held ed for any post in etails	From BHEL earlier	To	Total monthly emoluments	Reason f				
SN	Work Experience Details Organisation & Place Have you been interview If yes, furnish following d Post Unit / Division	Position Held ed for any post in etails	From BHEL earlier	? Yes	Total monthly emoluments					

16)	Has your parent/spouse been in service of BHEL ? Yes No
	If yes, give following details
	Name of Parent/Spouse
	Designation
	Present Status (employed presently/Resigned/Retired/Voluntarily Retired/Deceased)
	DECLARATION
the have tern	reby declare that statements made by me in this form are true and complete. If I am appointed and Company finds at any time that any part of the information given by me is incorrect or false or that I e concealed any relevant information, I agree that my appointment shall be liable to summary nination without any notice or compensation and I am liable to refund the expenses incurred by the appany on my training etc.
Date	e Signature
Plac	reName
Encl	losures :
Pho	tocopies of the following certificates / testimonials / experience certificates:
1.	Tenth class (High School) Certificate
2.	Degree / Post Graduation Certificate (MBBS/ PG Diploma / MD / DNB/ DM / MCH etc)
3.	Registration Certificate (MCI)

- 4. Certificate regarding the Degrees (MBBS/ PG Dip / MD / DNB/ DM / MCH) being recognized by MCI.
- 5. SC/ST/OBC Caste certificate (If applicable)
- 6. Other relevant documents.