

भारत इलेक्ट्रॉनिक्स लिमिटेड  
कोटद्वार-246149 (उत्तराखंड)  
BHARAT ELECTRONICS LIMITED  
Kotdwara- 246149 (Uttarakhand)

Affix the  
photograph and  
across the  
signature

**Application for the post of MEDICAL OFFICER**

1. **Name in full** : (Mr./Ms.) \_\_\_\_\_  
(As per SSLC certificate)
2. **Age** : \_\_\_\_\_
3. **Date of Birth** : \_\_\_\_\_
4. **Gender: M/F** : \_\_\_\_\_
5. **Marital Status** : \_\_\_\_\_
6. **Father's Name** : \_\_\_\_\_
7. **Nationality** : \_\_\_\_\_
8. **Religion** : \_\_\_\_\_
9. **Category** : GEN/SC/ST/OBC (Enclose Certificate in the prescribed format)
10. **Whether Physically Challenged** : YES / NO

If yes, indicate nature of Disability: OH / VH / HH (Enclose Certificate in the prescribed format)

11. **Extra curricular activities** : \_\_\_\_\_
  - a) Hobbies/Special Interests : \_\_\_\_\_
  - b) Whether participated in NCC/Scouts/Cultural activities/Debate/Competition/Sports etc.(Please specify) : \_\_\_\_\_

**12. Qualification** (Academic /Professional) :

S No	Education	Institution	Main Subject	Class or %	Year of Passing
1	SSLC				
2	12 <sup>th</sup>				
3	Graduation				
4	Post Graduation				
5	Others				

**13. Experience** (Start with current employment) :

Organisation	Designation	From DD/MM/YY	To DD/MM/YY	Duration of Work	Nature of Work	Scale of Pay	Gross Salary
<b>Total Experience</b>							

(Enclose separate sheet if required)

**14. Details of relative employed in BEL, if any :**

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

**15. Languages known:** Read: Hindi/English/..... Write: Hindi/English/..... Speak: Hindi/English/.....

**16. Payment / Bank Challan Reference Number :**

**17. Address with Pin Code :**

a) Permanent Address

District :
State :                      Pin Code :

b) Correspondence Address

District :
State :                      Pin Code :

c) Mobile No. :

d) E-mail id :

**18. Undertaking:**

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. In the event, if the information is found to be false or incorrect, my candidature/appointment may be terminated without notice.

Date :

Place:

**Signature of Candidate**