

## BHARAT ELECTRONICS LIMITED

Affix your Photograph

## (PERSONAL PARTICULARS FORM)

## Post applied for: <u>MEDICAL OFFICER/E-II (GHAZIABAD UNIT)</u>

1.	Name in full : (Mr./Ms.) (As per SSLC certificate)	:	
2.	Age & Date of birth	:	
3.	Sex: M/F	:	
4.	Father's Name	:	
5.	Nationality	:	
6.	Category-GEN/OBC/SC/ST (Enclose Certificate in the prescribed format)	:	
7.	<ul> <li>a) Indicate if you are a Person with Disability If yes, indicate nature of Disability.</li> <li>(Disability certificate in the prescribed format to b</li> </ul>	,	OH VH HH
8.	<ul> <li>b) Degree of disability as indicated in the Certifica</li> <li>Religion: Hindu/Muslim/Christian/Sikh/</li> <li>Neo-Buddhist/ Zorastrian, others (please specify)</li> </ul>	te : :	
9.	a) Hobbies/ Special Interests	:	
	b) Whether participated in NCC/Scouts/Cultural Competition/Sports etc.(Please specify)	activities/Debate/ :	
10.	(a) Qualification (Academic/Professional) (Indicate division & year of passing)	:	

Educational	Institution/University	Main subject	Percentage of	Year of
Status from			marks/ Class	Passing
SSLC onwards			Secured	
10 <sup>th</sup> Standard				
12 <sup>th</sup> Standard				
Graduation/MBBS				
Other Higher				
Education/Professional				
Qualification				

(b) Work Experience (Starting with the existing employer) (If required, please attach separate sheet) :

S1 No	Name of the Organization	From	to	Designation	Pay details	Details of responsibilities in brief
1						
2						
3						

- 11. Medical Council registration no as per the certificate :
- 12. Details of relatives employed in BEL, if any :

:

- a) Name
- b) Relationship :
- c) Designation :
- d) Department :
- e) Unit
- 13. Payment Reference No. :
- 14. Address with Pin Code a) Permanent Address

b) Correspondence Address

Phone No:

Phone No:

b) e-mail id :

d) Mobile Ph No:

15. 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 facts, my candidature may be summarily rejected or may employment terminated.

> > SIGNATURE OF THE CANDIDATE

Date:

Place: