



भारत हेवी इलेक्ट्रिकल्स लिमिटेड, झाँसी
BHARAT HEAVY ELECTRICALS LIMITED, JHANSI
(महाराज कम्पनी)

Ref No.: BHE/HR/R/PTMC/2020/1

Date: 19.10.2020

ADVERTISEMENT No. 1/2020

BHEL Jhansi invites applications from candidates, fulfilling the following specifications, to be engaged as ***PART TIME MEDICAL CONSULTANTS (PTMCs)** for a period of one year in the Medical Department.

PART TIME MEDICAL CONSULTANTS (PTMCs)				
Sl. No.	POSTS	No. of Vacancies	Upper Age Limit (As on 01.10.2020)	Minimum Qualification Required
1	Ophthalmologist	01	65 Years. However relaxation up to 5 years may be considered in deserving cases, on the discretion of BHEL Jhansi	MD/MS/DNB or PG diploma
2	Dermatologist	01	-do-	-do-
3	ENT Specialist	01	-do-	-do-

*The term of PTMCs will be for one year at the time of initial appointment. Subsequent renewal (s) will be for a period of maximum period of three years at a time. There is no requirement of resorting to publication of requirement and existing professional may be continued, if his / her services are found satisfactory. There will be one months' notice period, on either side.

IMPORTANT INSTRUCTIONS:

- All Candidates applying for the above post should have their MS/MD/ DNB/PG Diploma and their MBBS Degree recognized by Medical Council of India (MCI).
- All Candidates applying for the above post must be registered with Medical Council of India or with a State Medical Council in India.
- Candidates called for interview shall not be paid any TA/DA.
- Preference will be given to the applicants, who have post qualification experience.

SELECTION PROCESS: - Selection Process will consist of **Personal Interviews**.

REMUNERATION: - The remuneration will be as given below:

S.No.	Category of Doctor	Emoluments Per hour (Rs.)
1	MD/MS/DNB	Rs. 600/- per hour
2	PG diploma	Rs. 530/- per hour



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WORKING HOURS: - Twice in a week for 2 hrs per day.

CONVEYANCE CHARGES: - On taking into account the local conditions w.r.t distance, Part Time Medical Consultants, who will be finally engaged, initially for a period of one year, conveyance charges shall be paid on actual basis.

HOW TO APPLY: -

Document Required: -

1. SSC/High School Mark sheet/Certificate as a proof of DOB.
2. MBBS all Semester Mark sheet and Degree Certificate.
3. All Mark sheets and Relevant Certificate of MS/MD/DNB/PG Diploma.
4. Proof of Experience (Preferably an Experience Certificate on an authentic letter head).
5. Registration Certificate issued by the Medical Council of India or by a State Medical Council.
6. Proof of MBBS/ PG degree & PG Diploma being recognized by MCI to be produced at the time of joining.
7. Passport size photographs (4 Nos).

APPLICATIONS SHOULD BE SENT ON FOLLOWING ADDRESS: -

Dy. Manager (HR),
Recruitment & Manpower Cell,
HRM Department, Adm. Building
BHEL Jhansi -284120, U.P.

LAST DATE OF RECEIVING APPLICATIONS: - 07.11.2020 (Up to 4:15 PM)

GENERAL INSTRUCTIONS:

- ❖ The candidates should ensure while applying that they fulfil the essential eligibility criteria and other requirements prescribed for the above posts and that the particulars furnished by them are correct in all respects. In case, it is detected at any stage of recruitment process that the candidates do not fulfil the essential eligibility criteria and / or does not comply with other requirements and/ or he/she has furnished any incorrect/ false information or has suppressed any relevant information/ material fact(s), his/ her candidature is liable to be rejected. If any of the above shortcoming is/ are detected, even after appointment, his/ her services are liable for suitable action including termination and prosecution.
- ❖ The Management reserves the right to Revise/ Reschedule / Cancel/ Suspend the recruitment process, if the need so arises, without assigning any further notice or reason thereof. The decision of the management shall be final and no appeal shall be entertained. The Company reserves the right to reject any application without assigning any reason whatsoever.
- ❖ Any legal proceeding in respect of any matter of claim or dispute arising out of this advertisement and / or an application in response thereto can be instituted only in Jhansi and Court/ Tribunals/Forums (Jurisdiction Courts) at Jhansi only shall have sole and exclusive jurisdiction to try any such cause/ dispute.



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- ❖ Management reserves the right to disqualify any candidate who is unable to produce relevant document in proof of qualification. No correspondence in this regard shall be entertained.
- ❖ Candidates are advised to possess a valid e-mail ID. They are also advised to keep this e-mail ID active as any important intimation to them shall be provided by BHEL through e-mail for a period of minimum one year.
- ❖ Any CORRIGENDUM/CHANGES/UPDATES shall be available only on our website <https://jhs.bhel.com> and NO INTIMATION SHALL BE GIVEN IN ANY NEWSPAPER / ANY OTHER MEDIA.

Dy. Manager (HR)



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BIO DATA FORM
(FOR SELECTION AS PART TIME MEDICAL CONSULTANT)

Please Affix
Passport Self
Attested

1. POST APPLIED FOR: _____
2. NAME (IN CAPITAL LETTERS AS PER HIGH SCHOOL CERTIFICATION):

3. FATHER'S NAME: _____
4. DATE OF BIRTH: _____ AGE (in years as on 01.10.2020): _____
5. CATEGORY (GEN/SC/ST/OBC): _____
6. PHYSICALLY CHALLENGED? YES/NO: _____ IF YES (VH/OH/HH): _____ % Age: _____
7. EX-SERVICEMAN? YES/NO: _____ YEARS OF SERVICE: _____
8. ADDRESS FOR CORRESPONDENCE
(With PINCODE AND E-MAIL I.D.): _____

9. EDUCATION QUALIFICATION:

QUALIFICATION	PERIOD (FROM - TO)	YEAR OF PASSING	MAXIMUM MARKS	MARKS SCORED
MBBS				
INTERNSHIP				
MD/MS/DNB				
PG DIPLOMA				
OTHERS				



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10. EXPERIENCE DETAILS:

NAME OF HOSPITAL	PRIVATE / GOVT/ SEMI/ GOVT/ OTHER	TYPE OF ENGAGEMENT (REGULAR/ CONTRACT/ AD HOC / PRIVATE PRACTICE)	PERIOD FROM	PERIOD TO	AREA OF WORK

11. HAVE YOU APPLIED FOR OTHER VACANCIES SOMEWHERE ELSE CURRENTLY: **YES/ NO.**

IF YES, PLEASE GIVE NAME OF THE EMPLOYER/ ORGANIZATION AND DATE FOR SELECTION PROCESS AND ITS CURRENT STATUS:

12. HAVE/ HAS YOUR PARENTS/ SPOUSE BEEN IN SERVICE OF BHEL? **YES/ NO**

IF YES, PLEASE FURNISH DETAILS:

A. STATUS OF EMPLOYEE:

(SERVICE/ RETIRED/ DEATH DURING SERVICE/ DEATH AFTER SERVICE) _____

B. STAFF NUMBER & UNIT: _____

13. PHONE NUMBER/ MOBILE NO. _____

DECLARATION

I hereby declare that statements made by me in this bio data form are true and complete. If I am appointed and the company finds at any time that any part of the information given by me is incorrect and false or that I have concealed any relevant information, I agree that my appointment shall be liable to be terminated summarily without any notice or compensation.

DATE.....

SIGNATURE.....

PLACE.....

NAME.....

BHEL JHANSI,