

HINDUSTAN AERONAUTICS LIMITED

INDUSTRAIL HEALTH CENTER
BANGALORE COMPLEX, Vimanapura Post,

Bangalore – 560017 **Telephone : 080-22323005**

24th Apr, 2024

ENGAGEMENT OF MEDICAL OFFICER (GENERAL DUTY) ON CONTRACT BASIS IN INDUSTRAIL HEALTH CENTER, BANGALORE

Hindustan Aeronautics Limited (HAL), a Navaratna Central Public Sector Undertaking, is a premier Aeronautical Industry of South East Asia, with co-located R&D Centres spread across the Country. HAL's spectrum of expertise encompasses hi-tech programmes involving a number of manufacture, repair, overhaul and upgrade of Aircraft, Helicopters, Aero Marine Gas Turbines, Accessories, Avionics & Systems and structural components for Satellites & Launch Vehicles.

Industrial Health Center, Bangalore-560 017, requires **DOCTORS on Contract basis** in the following Discipline:

POST: MEDICAL OFFICER (GENERAL DUTY)(On Contract)

Advertisement No. : IHC/HR/25/13/2024

No. of Posts : 02

Qualification : MBBS

Experience : 1 Year Post Qualification Experience

Maximum Age

as on 01.04.2024.

35 Years

ConsolidatedRemuneration: Rs. 87,880/- Per Month (With HRA)

Tenure : Initially for a period of 1 year renewable at the discretion of the Management

GENERAL CONDITIONS

- Only Indian Nationals are eligible to apply.
- > HAL reserves the right to cancel the advertisement and / or the selection process there under.
- Mere submission of application will not entail right for claiming engagement.
- Only short listed candidates will be called for interview at Bangalore.
- Decision of HAL Management regarding selection will be final.
- > Resume/application sent through E-Mail will not be accepted / entertained.
- > The work experience certificate should be in the letter head of the Organization / Hospital.
- > The engagement of selected candidates is subject to receipt of satisfactory Medical reports from the HAL Hospital as per the standards prescribed by HAL as well as verification of Character & Antecedents from the concerned Authorities, as per rules of the Company.
- In addition to the normal duties as a Doctor in HAL Hospital, the selected Doctor will be responsible for the duties and responsibilities assigned from time to time during the course of their employment.
- ➤ The application fee is Rs.500/-, (bank charges if any will be borne by candidates) which is non-refundable (exempted in case of SC/ST/PWD category).

Contd.2/-

> The above Application fee is to be paid online through NEFT/IMPS. The details for payment are detailed below:

Bank Account Name - HINDUSTAN AERONUATICS LIMITED

Bank Name - State Bank of India

Branch Name - IND Finance Branch, Bangalore

Bank Account No - 39631338115 IFSC Code - SBIN0009077

- > Transaction Reference Number given by the Bank on payment of fees needs to be entered in the application form while applying. HAL will not be responsible in case of a candidate depositing the Application Fee in the wrong account. No other form of payment is accepted;
- > Candidates are required to provide details of the Application Fee paid in the Application Form failing which the application will be treated as incomplete and will not be accepted. Application fee can be paid till the last date of receipt of application;
- > Application fee will not be refunded under any circumstances, even if the candidate is ineligible at the time of applying or rejection of application etc. Therefore before forwarding the application, candidates are required to ensure that they meet with all the eligibility criteria.
- > The information furnished by the candidate in any part is found to be false or incomplete or is not found to be conformity with eligibility criteria mentioned in the advertisement, the candidature/engagement will be considered as revoked/terminated at any stage of recruitment process or after recruitment or joining without any reference given to the candidate.
- Any sort of canvassing or influencing the official related to the recruitment/selection process would result in immediate disqualification of the candidate.
- Court of jurisdiction for any dispute/cause will be at Bangalore.
- ➤ In case of difficulty or for any queries, contact us at 080-22323005 / 22328082 or at hr-medical@hal-india.co.in.
- Last Date for receipt of applications is 13.05.2024.
- > HAL reserves the right to cancel / restrict / enlarge / modify / alter the advertisement / recruitment process and / or the selection process there under, without issuing any further notice or assigning any reason whatsoever. The number of vacancies can be modified as per management's discretion.

HOW TO APPLY:

Interested Candidates who meet with the above criteria shall send their application strictly in the application format given below (Neatly typed/hand written) by POST/COURIER only, so as to reach on or before 13.05.2024 to Chief Manager (HR) Hindustan Aeronautics Limited Industrial Health Center, Suranjandas Road, Vimanapura Post Bangalore – 560 017 in an Envelope superscribing "Application for the Post of Medical Officer (General Duty) on Contract Basis". Resume/application sent through E-Mail will not be entertained. The Application must accompany the self attested Xerox copies of certificates in support of Date of Birth, Educational Qualifications and Experience etc.

Sd/-Chief Manager (HR)

Encl: Application Format



HINDUSTAN AERONAUTICS LIMITED Industrial Health Center, Bangalore (Human Resource Department)

APPLICATION FOR THE POST OF MEDICAL OFFICER (GEN.DUTY)

Advt.No:IHC/HR/25/13/2024 dated 24.04.2024

Paste Self attested Recent passport Size photograph

1.	Name (IN BLOCK LETTERS)	
2.	Gender	
3.	Father's Name	
4.	Mother's Name	
5.	Date of Birth & Age	
6.	State of Domicile and Nationality	
7.	Contact / Mailing Address	Permanent Address Pin Code Phone No.(with STD Code): Mobile No: Email ID:
8.	Religion	
9.	Category	SC / ST / OBC(NCL) / GEN/EWS
10.	Are you a Person with Disability (PWD)/ If so, mention the category of Disability (VD/OD/HD) (copy of Certificate to be produced at the time of Interview)	Yes / No VD/OD/HD
11.	Are you an Ex-Serviceman?	Yes / No

12. **EDUCATIONAL QUALIFICATION:** (Academic and Professional)

S1. No.	Name of Qualification with Specialization wherever applicable	Institution / University	Nature of the Course (Full Time/Part Time/ Correspondence	Duration of the Course	Subjects / Specification	Class/ Divn.	% of Marks	Month & Year of Passing

(Note: Please give full & complete information. Use separate sheets if required)

13.Post Q	Qualification	Experience :	:-
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Name of Organization	Post Held	From	То	Experience in brief	
		(dd/mm/yyyy)	dd/mm/yyyy)		
Total (Exp.in Yrs & Months	Total (Exp in Yrs & Months)				
(

(Note : Please give complete details for the experience profile like Date, Month & Year. Use separate sheets if required)

14. Details of Application fee paid:

Name of the Bank	Branch Code	Transaction Reference/UTR Number	Date	Amount

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10.	If selected	. HOW SOOI	ı can vot	i iom:

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

Place :	:
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Date :

Signature of the Candidate

Note: The candidate is required to fill up all the columns.