



HINDUSTAN AERONAUTICS LIMITED
AVIONICS DIVISION :: HYDERABAD
HUMAN RESOURCE DEPARTMENT

APPLICATION FORM FOR THE POST OF VISITING DOCTORS ON PART TIME BASIS

ADVT. NO. HAL-HYD/2020/2, DATED 23-11-2020

1	NAME (IN BLOCK LETTERS)		Affix recent self attested colour photograph
2	GENDER		
3	FATHER'S NAME		
4	MOTHER'S NAME		
5	a) DATE OF BIRTH (DD-MM-YYYY) b) AGE AS ON 01-11-2020		
6	STATE OF DOMICILE & NATIONALITY		
7	RELIGION		
8	TICK (☑) THE CATEGORY YOU BELONG TO	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> GEN	
9	ADDRESS FOR COMMUNICATION WITH CONTACT NO. & E-MAIL ID	<hr/> <hr/> <hr/> Phone No(s). _____ E-Mail ID(s) _____	
10	PERMANENT ADDRESS WITH CONTACT NO.	<hr/> <hr/> <hr/> Phone No(s). _____	
11	HAVE YOU BEEN INTERVIEWED BY HAL ANYTIME EARLIER ?	<p style="text-align: center;">YES / NO</p> (IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS :) Post Interviewed : _____ Date of Interview : _____ Venue of Interview : _____	
12	HAVE YOU EVER BEEN A MEMBER/ WORKER OF ANY POLITICAL PARTY / ORGANISATION OR PARTICIPATED IN ANY POLITICAL ACTIVITIES? If 'Yes' please give the following details: a) Name of Political Party / Organisation: b) Particulars of Polititcal Activity (if any): c) Period of Membership (from year) / year of participation in Political Activitiy: d) Nature of Participation in Political Activitiy: e) Office, if any, held in Political Party:	<p style="text-align: center;">YES / NO</p> a) _____ b) _____ c) _____ d) _____ e) _____	

13	IS / ARE ANY OF YOUR CLOSE RELATIVES WORKING IN HAL ?	YES / NO (IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS :) NAME : _____ DESIGNATION : _____ DIVISION : _____					
14	DETAILS OF EDUCATIONAL & PROFESSIONAL QUALIFICATION(S)						
Name of Qualification with Specialization	University / Institution	Nature of course (Full-Time / Part-Time / Correspondence)	Duration of the Course	Month & Year of Passing	% of Marks / Grade / Class		
15	DETAILS OF PROFESSIONAL EXPERIENCE AS ON 01.11.2020 (IN YEARS) _____ (In Chronological Order, from the first to the present Job)						
Grade & Designation	Name of Organization	Govt. / Quasi Govt / PSU / PVT.	Type of Employment (Part-Time / Contract / Permanent)	Period of Employment (DD/MM/YYYY)		Gross Pay (Rs.)	Reason for Leaving
				From	To		

DECLARATION

I do hereby declare that, the above details furnished by me are true and complete to the best of my knowledge and belief. In the event of the said information being found false / incorrect / incomplete, my Candidature / Engagement may be terminated without any notice.

PLACE :

SIGNATURE OF THE CANDIDATE

DATE :

NOTE : Enclose copies of self attested certificates with regard to Age, Qualification , Experience & disability ,if any.