

HINDUSTAN AERONAUTICS LIMITED

MEDICAL & HEALTH UNIT BANGALORE COMPLEX, Vimanapura Post,

Bangalore - 560017

Telephone: 080-22323005

November 15, 2021

ENGAGEMENT OF VISITING CONSULTANT IN MEDICAL & HEALTH UNIT

HINDUSTAN AERONAUTICS LIMITED (HAL), a Navaratna Company, is a Premier Aeronautical Industry of South Asia, with 20 Production Divisions and 10 R&D Centres spread across the Country. HAL's spectrum of expertise encompasses design, development, manufacture, repair, overhaul and upgrade of Aircraft, Helicopters, Aero Engines, Industrial & Marine Gas Turbines, Accessories, Avionics & Systems and Structural components for Satellites and Launch vehicles.

HAL Medical & Health Unit, Bangalore-560 017, is a 180 bedded hospital and requires VISITING CONSULTANT in the following Discipline:

1.VISITING CONSULTANT (OPHTHALMOLOGY)

Advt. No.

M&H/HR/25/26/2021

No. of Posts

01

Qualification

MBBS with MS OR DNB(Ophthalmology)

Age as on

01/11/2021

Preferably below 65 years

Experience

Minimum 5 Years Post Qualification Experience in the discipline.

(can be relaxed on need basis)

Tenure

Management.

Initially for a period of 2 years renewable at the discretion of the

No. of Visits

3 visits in a week for 2-3 hrs per visit **OR** As per the requirement of M&H Unit .

Remuneration

The maximum remuneration payable to Visiting Consultant would be upto

Rs.5000/- per visit plus conveyance charges depending upon the

qualification and experience..

GENERAL CONDITIONS

> HAL reserves the right to cancel the advertisement and / or the selection process there under.

Decision of HAL Management regarding selection will be final.

In case of difficulty or for any queries, contact us at 080-22323005/22328023 or at hr.medical@hal-india.com.

HOW TO APPLY:

Interested Doctors who meet with the above criteria may send their application in the application format given below, by post only, so as to reach on or before 30/11/2021 to Senior Manager(HR), Medical & Health Unit, Hindustan Aeronautics Limited (Bangalore Complex), Suranjandas Road, (Near Old Airport), Bangalore-560 017 in an envelope superscribing "Application for the post of Visiting Consultant (OPHTHALMOLOGY)". Resume /application sent thorough E-mail will not be entertained. The application shall accompany the self attested Xerox copies of certificates in support of Date of Birth, Educational Qualifications, Experience etc...

Manager(HR) 15 1121

Encl: Application Format

HINDUSTAN AERONAUTICS LIMITED (BANGALORE COMPLEX) MEDICAL & HEALTH UNIT

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APPLICATION FOR THE POST OF **VISITING CONSULTANT** (OPHTHALMOLOGY)

ADVERTISEMENT NO. M&H/HR/25/26/2021 DATED 15/11/2021

Affix your Passport size photograph here

01	FULL NAME (PLEASE INDICATE IN BLOCK LETTERS)	
02	GENDER	MALE / FEMALE
03	FATHER'S NAME	MALL / FEMALE
04	MOTHER'S NAME	
05	A) DATE OF BIRTH (DD/MM/YYYY) B) AGE AS ON <u>01/11/2021</u>	
06	STATE OF DOMICILE & NATIONALITY	
07	RELIGION	
08	CATEGORY (indicate (_/) THE CATEGORY YOU BELONG TO)	SC ST OBC GEN PWD EX-SM
09	ADDRESS FOR COMMUNICATION WITH CONTACT NUMBER AND E-MAIL	PHONE NO: e-mail ID
10	PERMANENT ADDRESS WITH CONTACT NUMBER	
11	EXPECTED REMUNERATION PER VISIT (IN RUPEES)	

IS/ARE ANY OF YOUR CLOSE RELATIVES WORKING IN HAL? IF SO, GIVE DETAILS OF NAME, DESIGNATION, DIVISION HAVE YOU BEEN		NAME	NATION ON		YES /							
	HAL	INTERVIEWED BY HAL ANY TIME EARLIER		DATE	POST INTERVIEWED DATE OF INTERVIEW DIVISION							
14 CERTII	FICATE	DE	TAILS OF E	DUCATION	AL QUA	LIFICA	ATION (PL	EASE AT	TACH (COPI	ES OF	
Name of the University Qualification with /		University / Institution	Whether Full Time/Part-Time/ Correspondence		Duration of the Course		Month & year of Passing		%age of Marks / Grade / Class			
from fi	rst to the	ne p	present Jol	NCE AS ON	ATTACH	COPI	(IN YEAR	RS) (In ch	nronolo	ogica	ıl Order,	
GRADE / DESIGNATION		Name of Organization		Govt / Quasi Govt / PSU / PVT	Type of employment – Part time /		Period of employme (DD/MM/) From To	ent	Gross Pay Rs.		Reasons for leaving	

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	*
DATE	:

(SIGNATURE)

NOTE : Enclose copies of self attested certificates with regard to age, qualification and experience