



HINDUSTAN AERONAUTICS LIMITED
(A Govt. of India Undertaking
under Ministry of Defence)
AVIONICS DIVISION :: HYDERABAD

Advt. No. HAL-HYD/2024/04/02

DATE: 09-05-2024

Hindustan Aeronautics Limited (HAL) a Navaratna Status Public Sector Undertaking under Ministry of Defence is a premier Aeronautical Industry of South East Asia with 20 Production / Overhaul Service Divisions, 10 co-located R&D Centres and 1 Facility Management Division 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.

REQUIREMENT:

HAL Hyderabad a unit of HAL's vast network, invites applications from the eligible & willing candidates in the prescribed proforma fulfilling the requirement for the posts of "**Visiting Doctors on Part-Time basis**" for its Industrial Health Centre at Hyderabad. The requirements for the post viz. No. of Posts, Qualification, Experience, No. of Visits per week, No. of Hours per visit etc., are given below:

Sl No	Name of the Post & Specialty / Discipline	No. of Post(s)	Particulars of Eligibility Criteria (As on 01.05.2024)	Requirement(s) & Remuneration
<i>VISITING DOCTORS ON PART TIME BASIS:</i>				
1.	Visiting Doctors on Part-time basis	03	<p>Age : Below 63 years.</p> <p>Qualification : MBBS</p> <p>Experience : Minimum 1(One) year post qualification experience</p>	<p>No. of visits per month : upto 20 (Twenty)</p> <p>No. of Hours per visit : 6 (Six) Hours</p> <p>Remuneration : Rs. 1,700/- per visit.</p> <p>Conveyance Charges: Rs. 200/- per visit.</p>

The above mentioned Qualification(s) should be recognized by MCI (Medical Council of India) / State Medical Council.

TENURE :

The initial engagement will be for a period of 2(Two) years. Further, extension of engagement, as per Company's policy, may be considered based on performance of the Visiting Doctors and also requirement of the Division. Further, the remuneration per visit shall be revised by 10% upon extension of engagement. The remuneration will also be revised as per the directives from Corporate Office from time to time.

TERMS & CONDITIONS OF PART TIME ENGAGEMENT:

- ✓ The engagement of Visiting Doctors will be purely temporary and will not confer any right to them to claim the status of a regular employee of the Company.
- ✓ They will not be entitled for any other Allowance or Benefits other than those indicated above and will not confer any right to claim the Benefits / Facilities on par with regular employees of the Company.

- ✓ They will abide by the Company's Rules & Regulations governing their engagement.
- ✓ They will safeguard the security and confidentiality of all official matters and secrecy of information coming to their knowledge.
- ✓ They will be covered under the Income Tax, Service Tax, Professional Tax etc, as per the applicable rules. All such Taxes would be deducted from the remuneration payable to them.
- ✓ They will be required to visit the Company Hospital on suitable days as per the requirements of the Organisation for providing treatment to employees and their dependent family members. In the event of emergency, they will be called as and when required.
- ✓ The part time engagement is liable to be terminated by giving one month's notice in writing from either side. Further the part time engagement will stand automatically terminated on completion of the prescribed tenure.

SELECTION PROCEDURE:

Shortlisted eligible candidates will be called for personal interview. Date, time and venue of the interview will be intimated to the shortlisted / eligible candidates via E-mail. Candidates shortlisted for interview are required to bring the certificates / documents in original in proof of age, educational qualification and experience at the time of interview for verification.

HOW TO APPLY:

- ✓ Eligible candidates may submit their duly filled-in applications in the prescribed format in A4 size paper along-with the copies of certificates (self attested) with reference to Age, Educational Qualification and Experience etc., along-with two latest passport size photographs and post to **MANAGER (HR), HR Department, HAL, Avionics Division, Post-HAL, Hyderabad-500042 on or before 20-05-2024 by Post/Courier.**
- ✓ **The envelope containing the application should be super-scribed with Advertisement No. HAL-HYD/2024/04/02 and Name of the Post applied for.**
- ✓ **Applications received after 20-05-2024 will not be accepted.**

GENERAL CONDITIONS:

- ✓ Only Indian Nationals need to apply.
- ✓ The qualifying degree must be recognized by the Medical Council of India (MCI) / State Medical Council (as the case may be).
- ✓ Mere submission of application will not entail right for claiming part time engagement.
- ✓ HAL Management reserves the right to fill-up or not to fill-up any or all the notified posts. HAL also reserves the right to cancel the advertisement and / or the selection process there under.

- ✓ Decision of HAL Management regarding selection will be final. Further, HAL Management reserves the right to fill-up or otherwise any or all the notified posts and also fill-up the future part time engagements, if any from the valid panel of selected candidates as per the rules of the Company.
- ✓ Copies of Mark Sheets and Latest valid registration certificate issued by Medical Council of India (MCI) / State Medical Council (as the case may be) and relevant certificates (self attested) must be attached along-with application form.
- ✓ HAL is not responsible for any postal delay.
- ✓ Incomplete Application Form or the application not in prescribed format will be rejected and no correspondence in this regard will be entertained.
- ✓ HAL Management reserves right to call or not to call any / all of the candidates, who have responded against this advertisement.
- ✓ Queries, if any may please be clarified by contacting us at rect.hyd@hal-india.co.in or Ph. No. 040-23822231.

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**HINDUSTAN AERONAUTICS LIMITED
AVIONICS DIVISION :: HYDERABAD
HUMAN RESOURCE DEPARTMENT**

APPLICATION FORM FOR THE POST OF

.....ON PART TIME BASIS

APPLICATION FOR THE POST OF : _____ ADVT. NO. HAL-HYD/2024/04/02, DATED 09-05-2024.

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 01.05.2024		
6	STATE OF DOMICILE & NATIONALITY		
7	RELIGION		
8	WERE YOU DOMICILE OF J&K DURING THE PERIOD FROM 1.01.1980 TO 31.12.1989? (COPY OF CERTIFICATE TO BE PRODUCED AT THE TIME OF DOCUMENT VERIFICATION / INTERVIEW)	YES / NO	
9	TICK (☑) THE CATEGORY YOU BELONG TO	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> EWS <input type="checkbox"/> GEN	
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 DOCUMENT VERIFICATION / INTERVIEW)	YES / NO VD / OD / HD/ Benchmark Disabilities to be mentioned	
11	ADDRESS FOR COMMUNICATION WITH CONTACT NO. & E-MAIL ID	<hr/> <hr/> Phone No(s). _____ E-Mail ID(s) _____	
12	PERMANENT ADDRESS WITH CONTACT NO.	<hr/> <hr/> Phone No(s). _____	
13	EXPECTED REMUNERATION PER VISIT (In Rupees)		
14	HAVE YOU BEEN INTERVIEWED BY HAL ANYTIME EARLIER?	YES / NO (IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS :) Post Interviewed : _____ Date of Interview : _____ Venue of Interview : _____	
15	HAVE YOU EVER BEEN A MEMBER/ WORKER OF ANY POLITICAL PARTY / ORGANISATION OR PARTICIPATED IN ANY POLITICAL ACTIVITIES?	YES / NO	

	If 'Yes' please give the following details: a) Name of Political Party / Organization: b) Particulars of Political Activity (if any): c) Period of Membership (from year) / year of participation in Political Activity: d) Nature of Participation in Political Activity: e) Office, if any, held in Political Party:		a) b) c) d) e)					
16	IS / ARE ANY OF YOUR CLOSE RELATIVES WORKING IN HAL ?		YES / NO (IF YES, PLEASE PROVIDE THE FOLLOWING DETAILS :) NAME : _____ DESIGNATION : _____ DIVISION : _____					
17	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		
18	DETAILS OF PROFESSIONAL EXPERIENCE AS ON 01.05.2024 (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.