

Date: 23.02.2024

HUMAN RESOURCE MANAGEMENT

Advt No. /PTMC/2024/01

BHEL, Heavy Plates and Vessels Plant (HPVP), Visakhapatnam invites applications from Medical Professionals meeting the required specifications to engage them as Part-Time Medical Consultants (PTMC) as mentioned below:

Sl. No.	Post	No. of posts	Age Limit	Qualification and minimum post qualification experience
1	PTMC	1	65 yrs	MBBS with 01 year experience

REMUNERATION:

- Remuneration will be on hourly basis:-

Post	Remuneration per hour (Rs.)	No. of days per month	No. of hrs per day * No. of days in a month = No. of hrs per month	Total remuneration per month (Rs)
PTMC	350/-	27 Max.	6 x 27 = 162	56,700

- Remuneration will be for the actual hours of work performed and not eligible for any paid leave/holidays. Irregular attendance may lead to termination without notice.
- Conveyance charges on actual basis up to Rs. 4,500/- per month/actuals will be allowed.

TENURE:

- The appointment is purely on a temporary basis initially for a period of 1 year with subsequent renewal(s) of term at the discretion of the management.
- Working Hours will be up to a maximum of 6 working hours in a day.
- PTMC may have to attend shift duties whenever required (Including Night Shift) for the above post.
- There will be a notice period of one month, on either side, for discontinuing the part-time engagement.

IMPORTANT INSTRUCTIONS:

- Candidates applying for the above posts shall have all their Degrees (MBBS/MS/ MD / DNB/ DM) recognized by the Medical Council of India (MCI).
- Candidates applying for the above posts must be registered with the Medical Council of India/State Medical Council.

SELECTION PROCESS: Selection Process will be through an interview of shortlisted candidates. Candidates called for interview shall not be paid any TA/DA.

Contd...2..



भारत हेवी इलेक्ट्रिकल्स लिमिटेड

Bharat Heavy Electricals Limited

Heavy Plates & Vessels Plant,
Visakhapatnam-530 012


--2--

HOW TO APPLY:

Desirous candidates may download the blank application form for engagement of Part-time Medical Consultant through the BHEL website <https://hpvp.bhel.com> and send their duly filled in application form along with self-attested photocopies of degrees, testimonials, experience, and other personal details superscribing the envelope as "Application for PTMC" to DGM (HR), HR Dept., Ground Floor, Administrative Building, BHEL, Heavy Plates and Vessels Plant (HPVP), Visakhapatnam, 530 012 so as to reach us on or before 29.02.2024. Signed biodata form along with self-attested photocopies of the following certificates/testimonials/experience certificates may be enclosed:

1. Tenth class (High School) Certificate / Date of birth Certificate
2. Degree Certificates (MBBS)
3. Proof of Experience (Preferably an Experience Certificate on the letterhead from an Organization/Hospital issued by a Competent Authority)
4. Registration with MCI etc.

Late/incomplete applications will not be considered, and no further correspondence on the subject will be entertained.


23/2/24

(K. P. MISHRA)
DGM (HR)

Bharat Heavy Electricals Limited
Heavy Plates & Vessels Plant,
Visakhapatnam-530 012

BHARAT HEAVY ELECTRICALS LIMITED

HPVP, Visakhapatnam -530 012

APPLICATION FORM

(To be filled by the Candidate)

FOR ENGAGEMENT OF PART-TIME MEDICAL CONSULTANTS

**PLEASE AFFIX
SELF
ATTESTED
PASSPORT SIZE
PHOTOGRAPH**

1. NAME (CAPITAL LETTERS AS PER HIGH SCHOOL CERTIFICATE)

2. FATHER'S NAME

3. DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

(GEN/SC/ST/OBC)

PHYSICALLY CHALLENGED?
4. YES/NO

AGE

5. EX-SERVICEMAN? YES/NO

YEARS OF
SERVICE

6. ADDRESS FOR CORRESPONDENCE :

7. EDUCATIONAL QUALIFICATIONS:

Sl No	Exam Passed	YEAR OF PASSING	University/Board	% of marks
1	10th			
2	MBBS			

HIGHER QUALIFICATION (IF ANY):

Sl No	Exam Passed	Year of passing	University/Board	% of marks
1				
2				
3				

8. Details of Employment:

NAME & ADDRESS OF EMPLOYER	Private Org/Govt Org/Semi Govt Org/Other	TYPE OF ENGAGEMENT (REGULAR /CONTRACT/ AD HOC / PRIVATE PRACTICE)	DESIGNATION / AREA OF WORK	PERIOD FROM	PERIOD TO

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

IF YES, PLEASE FURNISH DETAILS

A. STATUS OF EMPLOYMENT

B. STAFF NUMBER & UNIT

10. PHONE NUMBER / MOBILE

11. E-mail ID

DECLARATION

I hereby declare that all the statements made by me in this application are true and correct to the best of my knowledge and belief. I further undertake that in the event of particulars or information furnished by me are found incorrect/unfilled, my candidature for the post is liable to be rejected or cancelled. If any information is found to be false after appointment, then my services are liable to be terminated summarily.

DATE..... SIGNATURE..... PLACE..... NAME.....