

BHARAT HEAVY ELECTRICALS LIMITED
(A GOVERNMENT OF INDIA UNDERTAKING)
TIRUCHIRAPPALLI

Ref No: HPBP/HR/R/PTMC/2020

Dated: 07.04.2020

Advertisement No. 02/2020

BHEL Trichy invites applications from candidates, fulfilling the following specifications, to be engaged as ***PART TIME MEDICAL CONSULTANTS (PTMC- MBBS)** in the BHEL Hospital, Trichy.

SL No.	POSITION	**NO. OF VACANCIES	MINIMUM QUALIFICATION	EXPERIENCE REQUIRED	Upper Age Limit (As on 01.04.2020)
1	Part-Time Medical Consultant (MBBS)	06*	MBBS degree	one year of relevant post qualification experience	65 Years

**Number of vacancies is tentative and subject to revision on assessment*

The term of a PTMC will be one year initially, on hourly rate basis. Subsequent renewals will be for a period of maximum 3 years at a time.

There will be one month advance intimation in the event of resignation.

IMPORTANT INSTRUCTIONS:

All candidates applying for the above post should have a recognized MBBS Degree, which is registered with Medical Council of India or by a State Medical Council.

Candidates called for interview shall not be paid any TA / DA.

The upper age limit as on 01.04.2020 is 65 years.

SELECTION PROCESS:

Selection Process will be based on verification of Original Certificates and performance in the interview.

MEDICAL FITNESS:

The selected candidate should produce medical fitness certificate at the time of joining, from a registered medical officer.

REMUNERATION: The PTMCs upon selection and engagement, will be paid the remuneration as given below:

S. No.	POSITION	Emoluments @ Rs./hour
1	PART-TIME GENERAL DUTY MEDICAL CONSULTANT	Rs. 270/- per hour

WORKING HOURS:

The working hours for a PTMC will be as per the duty schedule.

CONVEYANCE CHARGES:

Conveyance charges as per company guidelines.

HOW TO APPLY

Interested candidates are required to download the blank biodata form (attached to this advertisement) for engagement of Part Time Medical Consultant, from BHEL website <https://careers.bhel.in> and send the scanned copy of their duly filled in biodata form and certificates by email, with subject as “**Application for PTMC(MBBS) – 02/2020**” to recruit@bhel.in so as to reach on or before **18/04/2020**.

Documents to be sent by EMAIL.

1. Duly filled in Bio-Data Form (Proforma available at <https://careers.bhel.in>) along with two latest passport size photographs.
2. SSC/Matric Mark sheet/Certificate.
3. HSC/Intermediate Mark sheet / Certificate
4. MBBS Degree Certificate with all Mark sheets.
5. Registration Certificate issued by the Medical Council of India or by a State Medical Council
6. Experience Certificate

For any queries, candidates may contact through email recruit@bhel.in.

GENERAL INSTRUCTIONS:

- ❖ The engagement of PTMCs is for a period of one year initially. Subsequent renewals will be for a period of maximum 3 years at a time, at the discretion of the Management. This engagement will not entitle the applicant for absorption in the regular establishment of the Company and any other facility or benefits extended to the regular employees of the Company.
- ❖ The candidates should ensure while applying that they fulfill the essential eligibility criteria and other requirements prescribed for the above position and that the particulars furnished by them are correct in all respects. In case, it is detected at any stage of recruitment process that the candidates do not fulfill the essential eligibility criteria and /or does not comply with other requirements and /or he/she has furnished any incorrect / false information or has suppressed any relevant information / material fact(s), his / her candidature is liable to be rejected. If any of the above shortcomings is/are detected, even after appointment, his/her services are liable for suitable action including termination and prosecution.
- ❖ The Management reserves the right to Revise / Reschedule / Cancel / Suspend the recruitment process, if the need so arises, without assigning any reasons. The decision of the management shall be final and no appeal shall be entertained. The Company reserves the right to reject any application without assigning any reason whatsoever.
- ❖ Any legal proceedings in respect of any matter of claim or dispute arising out of this advertisement and /or an application in response thereto can be instituted only in Tiruchirappalli and Courts/Tribunals/Forums (Jurisdiction Courts) at Tiruchirappalli only shall have sole and exclusive jurisdiction to try any such cause / dispute.
- ❖ Management reserves the right to disqualify any candidate who is unable to produce relevant documents in proof of qualification and experience. No correspondence in this regard shall be entertained.
- ❖ Candidates are advised to possess a valid e-mail ID and mobile number. They are also advised to keep this email ID active for a period of minimum one year, as any important intimation to them shall be provided by BHEL through e-mail/mobile.
- ❖ Any corrigendum/changes/updates shall be available **ONLY** on our website <http://careers.bhel.in> and no intimation shall be given in any newspaper/any other media.
- ❖ Any form of canvassing or bringing extraneous pressure will be disqualification and will render the candidate ineligible for selection.

Manager (HR-R&S)

12. EXPERIENCE DETAILS

Name of organisation And address	Private / Govt. / semi Govt. / Others	Type of Engagement (regular / Contract / Ad hoc / private Practice)	Designatio n/ Area Of Work	Period from	Period To

13. REGISTRATION CERTIFICATE OF MEDICAL COUNCIL OF INDIA or, STATE MEDICAL COUNCIL

Degree:

Medical Council of India: Yes/No State :

Certificate No..... dated..... Valid up to

PG degree/Diploma:

Medical Council of India: Yes/No State :

Certificate No..... dated..... Valid up to

14. Have you applied for any other vacancies in: YES / NO

any other Organisation currently

If yes, please give name of the employer/ :

organisation and date for selection process and

its current status

15. Employment details of parent(s)/spouse in : YES / NO

BHEL: If yes, please furnish details

a. Status of employment

Serving/Retired/Death during service/Death after Service.

b. Staff Number & Unit

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16. Mobile no.(whatsapp no)

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17. EMAIL ID

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DECLARATION

I hereby declare that statements made by me in this bio data form are true and complete. If I am engaged and the company finds at any time that any part of the information given by me is incorrect and false or that I have concealed any relevant information, I agree that my engagement shall be liable to be terminated summarily without any notice or compensation.

DATE

SIGNATURE.....

PLACE

NAME.....