



Hindustan Aeronautics Limited
Koraput Division, Sunabeda, Odisha

APPLICATION FOR ENGAGEMENT OF VISITING CONSULTANTS
(SPECIALIST DOCTORS) FOR IHC, KORAPUT DIVISION

(Advertisement No. KPT/VC-01/2024)

1.	Name of the Post Applied / Specialization		Affix recent self-attested colour photograph
2.	Full Name in Block Letters (As per 10th Pass Certificate)		
3.	Gender		
4.	Father's Name		
5.	Mother's Name		
6.	Date Of Birth (DD-MM-YYYY)		
7.	Nationality		
8.	Religion		
9.	Tick (✓) The Category You Belong To	() SC () ST () OBC () EWS () GEN	
10.	Address for Communication with Contact No. & E-mail id	Mobile No.:	
		Email ID:	
		Address for communication:	
11.	Permanent Address		
12.	Expected Consolidated Remuneration per Visit	Rs.	
13.	Details of Professional Qualification i.e. name of the Qualification, Year of Passing. (Enclose copy of relevant documents.)	a)	
		b)	
		c)	
14.	Details of Post Qualification Experience after acquiring specialization i.e. Name of the employer, Designation & period of employment. (Enclose copy of relevant documents along with valid registration certificate to practice.)		

Declaration: I do hereby declare that, the above details furnished by me are true and complete to the best of my knowledge and belief. I also declare that my engagement as Visiting Consultant at HAL does not in any way violate the terms and conditions of my current employment. In the event of the said information being found false / incorrect / incomplete, my Candidature / Engagement may be terminated without any notice. The decision of HAL will be final in under such circumstance and I shall abide by the same.

PLACE:
DATE:

SIGNATURE OF THE CANDIDATE