

HINDUSTAN AERONAUTICS LIMITED
(BANGALORE COMPLEX)
MEDICAL & HEALTH UNIT

APPLICATION FOR THE POST OF **PHYSIOTHERAPIST /
EEG TECHNICIAN (PART TIME/VISIT BASIS)**

ADVERTISEMENT NO. M&H/HR/25/ /2021 DATED _____

Affix your Passport
size photograph
here

| | | |
|----|---|--|
| 01 | FULL NAME (PLEASE INDICATE IN BLOCK LETTERS) | |
| 02 | GENDER | MALE / FEMALE |
| 03 | FATHER'S NAME | |
| 04 | MOTHER'S NAME | |
| 05 | A) DATE OF BIRTH (DD/MM/YYYY) B) AGE AS ON 01/09/2021 | |
| 06 | STATE OF DOMICILE & NATIONALITY | |
| 07 | RELIGION | |
| 08 | CATEGORY (indicate (_/) THE CATEGORY YOU BELONG TO) | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> GEN <input type="checkbox"/> PWD <input type="checkbox"/> 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) | |

Contd...2...

12 IS/ARE ANY OF YOUR CLOSE RELATIVES WORKING IN HAL? IF SO, GIVE DETAILS OF NAME, DESIGNATION, DIVISION

YES / NO

NAME
DESIGNATION
DIVISION

13 HAVE YOU BEEN INTERVIEWED BY HAL ANY TIME EARLIER

YES / NO

POST INTERVIEWED
DATE OF INTERVIEW
DIVISION

14 DETAILS OF EDUCATIONAL QUALIFICATION (PLEASE ATTACH COPIES OF CERTIFICATES)

| Name of the Qualification with Specialization | University / Institution | Whether Full Time/Part-Time/ Correspondence | Duration of the Course | Month & year of Passing | %age of Marks / Grade / Class |
|---|--------------------------|---|------------------------|-------------------------|-------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

15 DETAILS OF EXPERIENCE AS ON 01/09/2021 (IN YEARS)(In chronological Order, from first to the present Job) (PLEASE ATTACH COPIES OF CERTIFICATES)

| GRADE / DESIGNATION | Name of Organisation | Govt / Quasi Govt / PSU / PVT | Type of employment - Part time / Contract / Regular | Period of employment (DD/MM/YYYY) | | Gross Pay Rs. | Reasons for leaving |
|---------------------|----------------------|-------------------------------|---|-----------------------------------|----|---------------|---------------------|
| | | | | From | To | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

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.