HINDUSTAN AERONAUTICS LIMITED

Talent Acquisition & Recognition

CHRC, Bengaluru

Application form for "Physiotherapist" on Part Time / Visit Basis for HAL IHC, Nasik Division

(Notification No. HAL/CHRC/TAR/PS-NASIK/2026/01 dated 19.11.2026)

1.	Name of the Post Applied / Specialization	**"Physiotherapist" on Part Time / Visit Basis**	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.	Age (as on date of Advt.)	_____ Years _____ Months	
8.	Nationality		
9.	Religion		
10.	Address for Communication with Contact No. & E-mail id	Mobile No.	
		Email ID	
		Address for communication	
11.	Permanent Address		
12.	Proficiency of Languages	Read	Write / Speak

13. Educational Qualifications (Enclose copy of relevant documents):

Degree	Branch	University	Class / Division & Year of Passing	Total Marks of all Semesters / Years	Total Marks Obtained	Aggregate Percentage of marks Obtained	Mode of study

14. Details of Training Undergone in the last 5 Years:			
Name of the Program	Institution / Organisation	Duration of Training	
		From	To

15. Professional Experience in Chronological Order - Starting from Recent / Present Experience (Enclose copy of relevant documents):						
Sl. No.	Organisation & Org. Type	Designation	Nature of Duties	Duration		No. of Years / Months completed
				From Date	To Date	

16.	Total Experience in No. of Years & Months	_____ Years _____ Months
17.	No. of completed Years of Post Professional Qualification Experience	
18.	Expected Remuneration per visit (Considering 04 Hours per visit)	
19.	How soon can you join, if selected?	

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 on Part Time / Visit basis 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 such circumstances and I shall abide by the same.

PLACE:
DATE:

SIGNATURE OF THE CANDIDATE