



HINDUSTAN AERONAUTICS LIMITED
BARRACKPORE DIVISION
APPLICATION FORMAT

Paste a recent
passport sized
photograph and
sign it across

Advt. No.- HAL/BKP/HR/Consultant/01/2025, dated – 27/03/2025

Name of the Post - Visiting Consultant Orthopaedics
(Put ✓ mark at appropriate box) Visiting Consultant General Medicine

01. Name in full (IN BLOCK LETTERS) : _____

02. Father's Name : _____

03. Mother's Name : _____

04. Address for correspondence : _____
(With valid Mobile No. & E-Mail id)

PIN _____ State _____

05. Date of Birth : _____ 06. Age as on (01.04.2025): _____

07. Nationality : _____ 08. Religion: _____

09. Gender : _____ 10. Marital Status: _____

11. Caste : _____ (SC / ST/OBC/EWS/GEN)

12. Are you person with Disability (PwBD) : _____, if yes, mention category of Disability: _____ (VD/OD/HD)

13. Details of Academic/Professional Qualification:

Exam. Passed	Name of the Institution/ Council/ Board/University	Year of Passing	Class/ Division	Main Subjects	% of marks obtained

14. Details of Experience:

Name of the Organization / Institution	Period of Work Experience		Designation	Govt./ PSUs / Private/ Charitable Hospitals / Dispensaries.	Reason of leaving
	From	To			

15. Valid Medical Registration Certificate No. : _____ Valid till: _____

Declaration: The information furnished above is true and correct. If the information furnished or documents submitted by me are found to be false/ incorrect at any point of time, my engagement as visiting Consultant will be terminated by HAL, Barrackpore Division without assigning any reason.

Date: _____

(Signature of the Candidate)

Place: _____