



HINDUSTAN AERONAUTICS LIMITED
INDUSTRIAL HEALTH CENTER
BANGALORE COMPLEX, Vimanapura Post,
Bangalore – 560017
Telephone : 080-22323005

May 14, 2024

ENGAGEMENT OF VISITING CONSULTANT IN INDUSTRIAL HEALTH CENTER

HINDUSTAN AERONAUTICS LIMITED (HAL), a Navaratna Company, is a Premier Aeronautical Industry of South Asia, with 20 Production Divisions and 10 R&D Centres spread across the Country. HAL's spectrum of expertise encompasses design, development, manufacture, repair, overhaul and upgrade of Aircraft, Helicopters, Aero Engines, Industrial & Marine Gas Turbines, Accessories, Avionics & Systems and Structural components for Satellites and Launch vehicles.

HAL Industrial Health Center, Bangalore-560 017, is a 180 bedded hospital and requires **VISITING CONSULTANT** in the following Discipline:

1.VISITING CONSULTANT (NEUROLOGY)

Advt. No.	:	IHC/HR/25/15/2024
No. of Posts	:	01
Qualification	:	MBBS with MD / DNB + DM (Neurology) from a recognized Institution / University.
Age as on <u>01/05/2024</u>	:	Preferably below 65 years
Experience as on <u>01/05/2024</u>	:	Minimum 05 Years Post Qualification Experience in the discipline.
Tenure	:	Initially for a period of 2 years renewable at the discretion of the Management.
No. of Visits	:	2 visits in a week for minimum 2 hrs per visit.
Remuneration	:	The maximum remuneration payable to Visiting Consultant would be upto Rs.7000/- per visit plus conveyance charges depending upon the qualification and experience.

GENERAL CONDITIONS

- HAL reserves the right to cancel the advertisement and / or the selection process there under.
- Decision of HAL Management regarding selection will be final.
- In case of difficulty or for any queries, contact us at 080-22323005/22328023 or at hr.medical@hal-india.co.in

HOW TO APPLY:

Interested Doctors who meet with the above criteria may send their application in the application format given below, by post only, so as to reach on or before **28/05/2024** to **Chief Manager(HR), Industrial Health Center, Hindustan Aeronautics Limited (Bangalore Complex), Suranjandas Road, (Near Old Airport), Bangalore-560 017** in an envelope superscribing "**Application for the post of Visiting Consultant (NEUROLOGY)**". **Resume / application sent thorough E-mail will not be entertained. The application shall accompany the self attested Xerox copies of certificates in support of Date of Birth, Educational Qualifications, Experience etc...**

Chief Manager(HR)

Encl: Application Format



HINDUSTAN AERONAUTICS LIMITED
(BANGALORE COMPLEX)
INDUSTRIAL HEALTH CENTER

Affix your Passport
size photograph
here

APPLICATION FOR THE POST OF **VISITING CONSULTANT
(NEUROLOGY)**

ADVERTISEMENT NO. IHC/HR/25/15/2024 DATED 14/05/2024

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 01/05/2024	
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 <input type="checkbox"/> EWS
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							
		<table border="1" style="width: 100%;"> <tr><td>NAME</td></tr> <tr><td>DESIGNATION</td></tr> <tr><td>DIVISION</td></tr> </table>					NAME	DESIGNATION	DIVISION
NAME									
DESIGNATION									
DIVISION									
13	HAVE YOU BEEN INTERVIEWED BY HAL ANY TIME EARLIER	YES / NO							
		<table border="1" style="width: 100%;"> <tr><td>POST INTERVIEWED</td></tr> <tr><td>DATE OF INTERVIEW</td></tr> <tr><td>DIVISION</td></tr> </table>					POST INTERVIEWED	DATE OF INTERVIEW	DIVISION
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 01/05/2024 (IN YEARS) (In chronological Order, from first to the present Job) (PLEASE ATTACH COPIES OF CERTIFICATES)									
GRADE / DESIGNATION	Name of Organization	Govt / Quasi Govt / PSU / PVT	Type of employment – Part time / Contract / Regular	Period of employment (DD/MM/YYYY) From To		Gross Pay Rs.	Reasons for leaving		

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