

# HINDUSTAN AERONAUTICS LIMITED ACCESSORIES DIVISION, LUCKNOW

## HR DEPARTMENT

Advt. No. HAL-ADL/1211(HR)/R/2026/02

24.04.2026

HINDUSTAN AERONAUTICS LIMITED (HAL), a Maharatna Central Public Sector Undertaking in the Aeronautical Industry needs to engage **Two (02) Visiting Consultants (Specialist Doctors)** for HAL Hospital at Accessories Division, Lucknow. The engagement is purely on part-time basis and the initial engagement will be for a period of 2 years. The details are mentioned hereunder:

Sl. No.	Specialty / Discipline	No. of Posts	Qualification*
1.	Visiting Consultant (Physician)	02	1. MBBS with M.D. (General Medicine) + Post PG experience 1 year  Or  MBBS with Post MBBS (Diploma/Certificate/ Fellowship in Cardio/Diabetes/Neuro) with minimum 10 years post qualification experience.  2. Should be registered with UPMCI/ NMC/MCI.

**Age:** Upper age limit is 65 years as on **09.05.2026**.

### **Details of visits and remuneration for Visiting Consultant (Physician):**

Visits per week	Hours per visit	Remuneration	Conveyance per visit
6 visits per week	Minimum: 02 hrs Desirable: 05 hrs	Maximum Rs. 3500/- per visit	Rs. 250/-

#### ➤ **How to apply :**

Applications in the prescribed format along with photocopies of testimonials and passport size photo etc. may be sent to **Chief Manager (HR)-Recruitment Section, Hindustan Aeronautics Limited, Accessories Division, Ayodhya (Faizabad) Road, Lucknow-226016** mentioning the name of post applied for on the envelope so as to reach on or before **09.05.2026**. Suitable candidates from the applicants would be shortlisted and would be called for an Interview to be conducted by duly constituted Selection Committee.

#### ➤ **Period of Engagement:**

The initial engagement for the above post will be for a period of two years.

➤ **General Terms & Conditions :**

- The Visiting Consultant (Physician) would be reporting to a designated regular Doctor in the Hospital of the Division.
- The Visiting Consultant (Physician) having post qualification experience should be in the relevant stream for the above posts;
- The Visiting Consultant (Physician) will be purely temporary and will not confer any right to the Visiting Consultant (Physician) to claim the status of a regular employee of the Company;
- The Visiting Consultant (Physician) will not be entitled for any other Allowance or Benefits other than those indicated above;
- The Visiting Consultant (Physician) will abide by the Company Rules & Regulations governing their engagement;
- The Visiting Consultant (Physician) will safeguard the security and confidentiality of all official matters and secrecy of information coming to his/her knowledge;
- The Visiting Consultant (Physician) will be covered under the Income Tax, GST, Professional Tax etc., as per the applicable Rules. All such Taxes would be deducted from the remuneration payable to the Visiting Consultant (Physician);
- The Visiting Consultant (Physician) will stand automatically terminated on completion of the prescribed tenure as specified in the Offer of Engagement. The engagement can be terminated even earlier, with one month Notice in writing by either side or payment (Consolidated Remuneration equivalent to the amount payable for 5 visits) in lieu of the Notice.
- HAL reserves the right to cancel/ restrict/ enlarge/ modify/ alter the Advertisement/ Recruitment process and/or the Selection Process there under, without issuing any further notice whatsoever. Number of vacancies can be modified as per the discretion of the Management or even cancel the whole process of engagement without assigning any reason.

**Dy. General Manager (HR)**

**HINDUSTAN AERONAUTICS LIMITED  
(ACCESSORIES DIVISION, LUCKNOW)**

Advt. No. HAL-ADL/1211(HR)/R/2026/02 dated 24.04.2026

BIO-DATA FORM (To be filled in Block Letters)

PHOTO

1. Post applied for : \_\_\_\_\_
2. Name (Shri/Smt.) : \_\_\_\_\_
3. Father's /Husband's Name : \_\_\_\_\_
4. Date of Birth & Age as on 09.05.2026 : \_\_\_\_\_
5. Address for Communication : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Permanent address : \_\_\_\_\_  
\_\_\_\_\_
7. Telephone / Mobile No. : \_\_\_\_\_
8. E-Mail ID : \_\_\_\_\_
9. QUALIFICATION (Academic & Professional):

Sl. No.	Qualification	Name of the Institution/ University	Division / (% of marks)	Year of Passing

10. Experience:

Sl. No.	Name of the Company/ Organization / Private Practice	PERIOD		Total years of Experience
		From	To	

11. Expected remuneration per visit: \_\_\_\_\_

12. Any Other information \_\_\_\_\_

The above information given / furnished by me is true to best of my knowledge.

(SIGNATURE OF THE APPLICANT)

Date:  
Place: