

HINDUSTAN AERONAUTICS LIMITED

INDUSTRIAL HEALTH CENTER

Vimanapura Post, Bangalore – 560017

Telephone: 080-22323005

November 15, 2025

## ENGAGEMENT OF VISITING CONSULTANT IN INDUSTRIAL HEALTH CENTER

HINDUSTAN AERONAUTICS LIMITED (HAL), a Maharatna 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, requires **VISITING CONSULTANT**. The requirement of the post is as follows:

#### 1.VISITING CONSULTANT (OPHTHALMOLOGY)

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Advt. No.

IHC/HR/25/21/2025

No. of Posts

01

Qualification

i) MBBS with MS / DNB (Ophthalmology) with 1 year experience.

ΛD

ii) MBBS with DOMS with minimum 2 years experience

Age as on **01/11/2025** 

Preferably below 65 years

Experience as on

01/11/2025

i) Minimum 01 Year post qualification experience with qualification of

MBBS with MS / DNB (Ophthalmology) in the discipline.

OR

ii) Minimum 02 Years post qualification experience with qualification of

MBBS with DOMS 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**

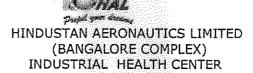
- > HAL reserves the right to cancel the advertisement and / or the selection process there under.
- > Decision of HAL Management regarding selection will be final.
- In case of difficulty or for any queries, contact us at 080-22323005/22328023 or at hr.medical@hal-indla.co.in

#### **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 29/11/2025 to Dy. General 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 (OPHTHALMOLOGY)". 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...

Dy. General Manager(HR)

Encl: Application Format



# APPLICATION FOR THE POST OF <u>VISITING CONSULTANT</u> <u>OPHTHALMOLOGY</u>)

ADVERTISEMENT NO. IHC/HR/25/21/2025 DATED 15/11/2025

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 <b>AS ON <u>01/11/2025</u></b>	
06	STATE OF DOMICILE & NATIONALITY	
07	RELIGION	
08	CATEGORY (indicate (_/) THE CATEGORY YOU BELONG TO)	☐ SC☐ ☐ ST ☐ OBC ☐ GEN ☐ EX-SM ☐ 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  13 HAVE YOU BEEN INTERVIEWED BY HAL ANY TIME EARLIER		POST DATE O	NAME DESIGNATION DIVISION  YES / NO POST INTERVIEWED DATE OF INTERVIEW DIVISION								
14 DET CER	AILS TIFIC	OF CAT	EDUCATION (CES)	NAL QUAL	IFICATI(	ON (P	LEASE AT	ГАСН СОР	IES O	F	
Name of the University Qualification with /		Time/Pai	Whether Full Time/Part-Time/ Correspondence		ion of the e	Month & year of Passing		%age of Marks / Grade / Class			
15 DETAILS OF EXPERIENCE AS ON <u>01/11/2025</u> (IN YEARS) (In chronological Order, from first to the present Job) (PLEASE ATTACH COPIES OF CERTIFICATES)											
GRADE / DESIGNAT		Na	me of ganization	Govt / Quasi Govt / PSU / PVT	Type of employi - Part to Contrac Regular	ment ime / t /	Period of employme (DD/MM/)	ènt	Gro Pay Rs.		Reasons for leaving
			-				TIOIII	10			
				_	DECLAR	ATION	<u> </u>				

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