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

November 25, 2026

ENGAGEMENT OF X-RAY TECHNICIAN (PART TIME /VISIT BASIS) IN INDUSTRIAL HEALTH CENTER

HINDUSTAN AERONAUTICS LIMITED (HAL), is a Maharatna Public Sector Undertaking and a premier Aeronautics Complex in South Asia under the Ministry of Defence, Government of India. Over the last eight decades. HAL has been at the forefront of the nation's aerospace journey through the design, development, manufacture, maintenance, repair, overhaul and upgrade of Aircraft, Helicopters, Aero-engines, Accessories, Avionics and Systems. HAL has 20 Production Divisions, 10 Research & Development Centres and One Facilities Management Division spread across 7 states and 10 geographical locations in India.

HAL Industrial Health Center, Bangalore-560 017, requires **X-RAY TECHNICIAN** on **PART TIME / VISIT BASIS.** The requirement of the post is as follows:

POST	:	**X-RAY TECHNICIAN** (PART TIME/VISIT BASIS)
Advt. No.	:	IHC/HR/25/20/2026
No. of Posts	:	01
Qualification	:	SSLC / PUC with Diploma in X-Ray Technology.
Maximum age as on **01/11/2026**	:	Preferably below 55 years
Experience as on **01/11/2026**	:	Minimum **1 Year** of Post Qualification Experience in the discipline.
Tenure	:	Initially for a period of 2 years, renewable at the discretion of the Management.
No. of Visits	:	3 visits in a week. May be enhanced depending on the requirement.

Remuneration

Sl. No.	Qualification	Maximum amount payable (Rs. Per visit)
i	SSLC with Diploma in the concerned discipline	1300
ii	PUC with Diploma in the concerned discipline	1400

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 080-22323005/080-22328023 or at hr.medical@hal-india.co.in.
- Last Date for forwarding the application is **09/12/2026.**

HOW TO APPLY:

Interested candidates who meet with the above criteria shall forward their application strictly in the application format enclosed (neatly typed/hand written) by **POST** only, so as to reach on or before **09/12/2026** to **Dy. General Manager(HR), Industrial Health Center, Hindustan Aeronautics Limited, Suranjandas Road, (Near Old Airport),Bangalore-560 017** in an Envelope superscribing **"APPLICATION FOR THE POST OF X-RAY TECHNICIAN"**. Resume/application sent through 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

HINDUSTAN AERONAUTICS LIMITED
INDUSTRIAL HEALTH CENTER
HAL, BANGALORE

Affix your Passport size photograph here

APPLICATION FOR THE POST OF **X-RAY TECHNICIAN**
(PART TIME/VISIT BASIS)

ADVERTISEMENT NO. IHC/HR/25/20/2026 DATED 25/11/2026

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 01/11/2026**	
06	STATE OF DOMICILE & NATIONALITY	
07	RELIGION	
08	CATEGORY **(indicate (_/) THE CATEGORY YOU BELONG TO)**	☐ SC ☐ ST ☐ OBC ☐ GEN ☐ PWD ☐ 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	**YES / NO** NAME DESIGNATION DIVISION
13	HAVE YOU BEEN INTERVIEWED BY HAL ANY TIME EARLIER	**YES / NO** 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 01/11/2026 (IN YEARS)(In chronological Order, from first to the present Job) (PLEASE ATTACH COPIES OF CERTIFICATES)

GRADE / DESIGNATION	Name of Organisation	Govt / Quasi Govt / PSU / PVT	Type of employment – Part time / Contract / Regular	Period of employment (DD/MM/YYY) 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.