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

August 10, 2026

ENGAGEMENT OF VISITING CONSULTANT IN INDUSTRIAL HEALTH CENTER

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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 **VISITING CONSULTANT.** The requirement of the post is as follows:

1.VISITING CONSULTANT (OPHTHALMOLOGY) FOR OPD GENERAL

Advt. No.	:	IHC/HR/25/17/2026
No. of Posts	:	01
Qualification	:	i) MBBS with MS / DNB (Ophthalmology) with 1 year experience. **OR** ii) MBBS with DOMS with minimum 2 years experience
Age as on **01/08/2026**	:	Preferably below 65 years
Experience as on **01/08/2026**	:	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	:	As per Company Rules.
Remuneration	:	As per Company Rules.

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:

Eligible and 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 **24/08/2026** 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) FOR OPD GENERAL". 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

HINDUSTAN AERONAUTICS LIMITED
(BANGALORE COMPLEX)
INDUSTRIAL HEALTH CENTER

Affix your Passport size photograph here

APPLICATION FOR THE POST OF **VISITING CONSULTANT (OPHTHALMOLOGY) FOR OPD GENERAL**

ADVERTISEMENT NO. IHC/HR/25/17/2026 DATED 10/08/2026

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 01/08/2026**	
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 01/08/2026 (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/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