



BHARAT HEAVY ELECTRICALS LIMITED

(A Govt. of India Undertaking)
HPBP, TIRUCHIRAPPALLI
(HUMAN RESOURCE MANAGEMENT)

PLEASE AFFIX
RECENT
PASSPORT
SIZE
PHOTOGRAPH
SELF
ATTESTED

APPLICATION FOR THE POST OF TECHNICAL CONSULTANT (NURSING) (Reference to Advertisement No. CE- 02 / 2025)

1. Code of the assignment applied for : CE- 02 - Technical Consultant (Nursing)
2. NAME :
(in capital letters as per high school certificate)
3. FATHER'S NAME :
4. DATE OF BIRTH (DD/MM/YYYY) :
5. AGE (in years & months as on 01.04.2025) :
6. MARITAL STATUS : Unmarried/Married /Other (please specify)
.....
7. NATIONALITY :
8. DATE OF RETIREMENT :
9. EX-SERVICEMEN : YES / NO
If YES, years of service
10. Mobile No. :
11. Email ID. :
- 12 ADDRESS FOR CORRESPONDANCE

13. PROFESSIONAL QUALIFICATIONS

Qualification	College/ University/ Institute	Specialisation	Period (From- To)	Year of Passing	Marks Obtained / Max. Marks	% of Marks
Diploma (Nursing)						
B.Sc (Nursing)						
Any other qualification						
Any other qualification						

14. PREVIOUS EMPLOYMENT DETAILS (as on 01.04.2025)

Name of the Organisation	Type of Organisation (Govt./PSU/Semi - govt./Private/ Autonomous/etc.)	Worked From	Worked Till	Job Profile	Specific Achievement/ Award

Total number of relevant experience: _____ Years

15. In case of BHEL employee, furnish the below details:

- Staff Number & Unit :
- Last Salary Drawn / Annual CTC :

16. Status of current employment : Employed / Not employed

If employed, mention Type of organisation :
Current Monthly Gross Salary (Rs.) :

17. Justification for being the most suitable candidate for the assignment:

18. Details of Post held or Membership at National/International relevant professional body, if any:

19. Medical History: Whether any known major illness in the last 5 years? Yes / No
If Yes, pl. provide details:

20. Whether any penalty (Minor/Major) was awarded during the employment?
If, Yes, Pl. provide details:

Declaration:

I certify that, to the best of my knowledge and belief, there are no present or currently planned interests (financial, contractual, organizational, or otherwise) relating to the work to be performed under the contract that would create any actual or potential conflict of interest (or apparent conflicts of interest) (including conflicts of interest for immediate family members: spouses, parents, children) that would impinge on its ability to render impartial, technically sound, and objective assistance or advice or result in it being given an unfair competitive advantage. In this clause, the term "potential conflict" means reasonably foreseeable conflict of interest. I further certify that I will continue to exercise due diligence in identifying and removing or mitigating, to BHEL's satisfaction, such conflict of interest (or apparent conflict of interest). If I perceive any possible conflict of interest in foreseeable future the same will be informed by me to BHEL.

I Certify that the information given above is true and correct.

DATE

SIGNATURE

PLACE

NAME