



# Hindustan Aeronautics Limited

## ENGAGEMENT OF MEDICAL OFFICER ON CONTRACT BASIS

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**Hindustan Aeronautics Limited (HAL)**, a Navaratna Central Public Sector undertaking, is a premier Aeronautical Industry of South East Asia, with 21 Production/Overhaul/Service Divisions and 10 co-located R&D Centers 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 Satellite & Launch Vehicles.

HAL over the last seven decades has grown progressively into an integrated Aerospace Organization with the indigenous design & development of Advanced Light Helicopter (ALH-Dhruv), Intermediate Jet Trainer (IJT) & Light Combat Aircraft (LCA-Tejas). The ongoing major projects & programmes include ALH (both in military & civil roles), IJT, LCA, Su-30, Hawk (Advanced Jet Trainer) & Dornier -228 (Light Transport Aircraft). Aligning with the emerging future requirements, HAL has conceptualized the indigenous development of Light Combat Helicopter (LCH), Basic Turboprop Trainer Aircraft (HTT-40) & Light Utility Helicopter (LUH).

Aircraft Division, HAL(BC), Bangalore-560 017, invites application for the **post of Medical Officer (General Duty)-FAC (Grade-II) on Contract basis initially for a period of one year**, the details are given below:-

Name of the Post	: Medical Officer (General Duty)-FAC - On Contract Basis
Advertisement No.	: A/HR/MO-FAC/01/2019
No. of Posts	: 01 (One) – UR (Unreserved)
Qualification	: MBBS from any Recognized Institute/University
Experience	: 1 Year Post Qualification Experience from a Reputed Industrial / Government / Private Hospital.
Age	: Upper Age Limit is 35 Years as on 01/09/2019
Consolidated Remuneration	: Rs. 75,600/- (Per Month (Approximately)
Tenure	: Initially for a period of 1 year. Renewable at the discretion of the Management

### GENERAL CONDITIONS

- Only Indian Nationals are eligible to apply.
- HAL reserves the right to cancel the advertisement and / or the selection process thereunder.
- Mere submission of application will not entail right for claiming engagement.
- Only short listed candidates will be called for interview at Bangalore.
- Decision of HAL Management regarding selection will be final.
- Resume/application sent through E-Mail will not be accepted / entertained.
- Candidates belonging to the reserved categories applying for the post earmarked as Unreserved (UR) will not be provided any relaxation like age limit, qualification percentage etc.,

Contd..2/-

- Candidates who have work experience in private Sector and produce the experience certificate should submit the experience certificate in the letter head of the company. The letter head of the company should have the details of Company Registration Number.
- Candidates possessing higher qualification in the discipline are not eligible.
- All qualifications should have been acquired from Indian Universities/Institutes / Boards / Councils etc, recognized by appropriate Statutory Authorities.
- Engagement of selected candidates is subject to verification of and Character & Antecedents from the concerned Authorities, as per the rules of the company.
- Incomplete Applications/Bio-data forms which are not in the prescribed format will be rejected and no further correspondence in this regard will be entertained.
- All the relevant certificates / marks cards / formats / experience certificate / reservation claim certificates and such other documents should be obtained on or before the last date fixed for receipt of application specified in the notification (i.e 16.10.2019).
- Before applying the candidates should satisfy themselves regarding eligibility criteria desired for the post.
- HAL takes no responsibility for any delay in receipt or loss in postal transit of any documents.
- The engagement of selected candidates is subject to receipt of satisfactory Medical reports from the HAL Hospital as per the standards prescribed by HAL as well as verification of Character & Antecedents from the concerned Authorities, as per rules of the Company.
- In the information furnished by the candidate in any part is found to be false or incomplete or is not found to be conformity with eligibility criteria mentioned in the advertisement, the candidature/engagement will be considered as revoked/terminated at any stage of recruitment process or after recruitment or joining without any reference given to the candidate.
- Any sort of canvassing or influencing the official related to the recruitment/selection process would result in immediate disqualification of the candidate.
- In case of difficulty or for any queries, contact us at 080-22323293 / 22322744 or email at: [aruna.rao@hal-india.co.in](mailto:aruna.rao@hal-india.co.in)
- Any dispute/cause with regard to notification will be settled within the jurisdiction of Bangalore Courts only.
- **Last Date for receipt of application is 16/10/2019.**

#### **HOW TO APPLY:**

Interested Candidates who meet with the above criteria shall send their application strictly in the prescribed format (Neatly typed/hand written) by post, only, so as to reach **on or before 16/10/2019** to **Additional General Manager (HR), Aircraft Division, HAL(BC), Post Bag No.1788, Vimanapura Post, Bangalore - 560 017** in an Envelope superscribing **"Application for the Post of Medical Officer (General Duty)-on Contract Basis"**. The Application shall accompany self attested photo copies of certificates in support of Date of Birth, Educational Qualification, Experience etc.

Sd/-  
Senior Manager (HR)

Encl: Application Format





HINDUSTAN AERONAUTICS LIMITED  
Aircraft Division, HAL(BC)

Paste self  
attested recent  
Passport size  
Photograph

APPLICATION FOR THE POST OF \_\_\_\_\_

Advt. No : \_\_\_\_\_ dated \_\_\_\_\_

1.	Name (IN BLOCK LETTERS)																	
2.	Gender																	
3.	Father's Name																	
4.	Mother's Name																	
5.	a) Date of Birth b) Age as on 01/09/2019	a) _____ b) _____																
6.	State of Domicile and Nationality																	
7.	<table><tr><th>Contact / Mailing Address</th><th>Permanent Address</th></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____Pin Code</td><td>_____Pin Code</td></tr><tr><td>Phone No.(with STD Code) :</td><td>Phone No.(with STD Code) :</td></tr><tr><td>Mobile No :</td><td>Mobile No :</td></tr><tr><td>Email ID :</td><td>Email ID :</td></tr></table>	Contact / Mailing Address	Permanent Address	_____	_____	_____	_____	_____	_____	_____Pin Code	_____Pin Code	Phone No.(with STD Code) :	Phone No.(with STD Code) :	Mobile No :	Mobile No :	Email ID :	Email ID :	
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Phone No.(with STD Code) :	Phone No.(with STD Code) :																	
Mobile No :	Mobile No :																	
Email ID :	Email ID :																	
8.	Religion																	
9.	Category	SC / ST / OBC / GEN																
10.	Are you a Person with Disability (PWD)/ If so, mention the category of Disability (VD/OD/HD) (copy of Certificate to be produced at the time of Interview)	Yes / No VD/OD/HD																
11.	Are you an Ex-Serviceman?	Yes / No																
12.	Have you been interviewed by HAL any time earlier If Yes : a) Post Interviewed: b) Date of Interview: c) Venue of Interview:	Yes / No a) : b) : c) :																

Contd..2/-

**13. EDUCATIONAL QUALIFICATION : (Academic and Professional)**

Sl. No.	Name of Qualification with Specialization wherever applicable	Institution / University	Nature of the Course (Full Time/Part Time/ Correspondence)	Duration of the Course	Subjects / Specialization	Class/ Divn.	% of Marks (Aggregate of all years)	Month & Year of Passing

(Note : Please give full & complete information. Use separate sheets if required)

**14. Post Qualification Experience:-**

Name of Organization/Hospital	Post Held	From (dd/mm/yyyy)	To dd/mm/yyyy)	Experience in brief
Total Post Qualification Experience as on 25/09/2019 = _____ Years _____ Months _____ Days				

(Note : Please give complete details for the experience profile like Date, Month & Year. Use separate sheets if required)

15. MBBS Registration No.: \_\_\_\_\_ Dated \_\_\_\_\_

16. If selected, how soon can you join? : \_\_\_\_\_

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. I understand that in the event the information is found to be false or incorrect, my candidature/appointment may be considered as terminated without any notice.

Place :

Date :

Signature of the Candidate

Note : The candidate is required to fill up all the columns.