HINDUSTAN AERONAUTICS LIMITED
(BANGALORE COMPLEX)
MEDICAL & HEALTH UNIT

Affix your Passport size photograph here

APPLICATION FOR THE POST OF **MEDICAL RECORD TECHNICIAN (PART TIME/VISIT BASIS)**

ADVERTISEMENT NO. M&H/HR/25/09/2020 DATED 14/10/2020

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 01/10/2020**	
06	STATE OF DOMICILE & NATIONALITY	
07	RELIGION	
08	CATEGORY **(indicate (_/) THE CATEGORY YOU BELONG TO)**	☐ SC ☐ ST ☐ OBC ☐ GEN ☐ PWD ☐ EX-SM
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 01/10/2020 (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 : **(SIGNATURE)**
DATE :

NOTE : Enclose copies of self attested certificates with regard to age, qualification and experience