



Ref No: BHE: IVP: HR: PTMC: 2023:

Dated: 16.05.2023

### Engagement of Medical Professionals as PTMCs

BHEL IVP, Goindwal invites applications from candidates possessing the following qualifications to engage them as **PART TIME MEDICAL CONSULTANT (PTMC)** for a period of 1 year.

SL. No.	No. of Vacancy	MINIMUM QUALIFICATION & EXPERIENCE REQUIRED	Upper Age Limit (As on 01.05.2023)
1	One	MBBS with one-year Exp.	70 Years
2	One	PG Diploma (Pediatric)	70 Years

\*The term of a PTMC will be one year at the time of initial appointment. Subsequent renewal(s) of term can be extended for a maximum period of three years at a time, at the discretion of the management. There will be one-month notice period, on either side.

### IMPORTANT INSTRUCTIONS:

- All candidates applying for the above posts should have their MBBS Degree recognized by Medical Council of India (MCI).
- All candidates applying for the above posts must be registered with Medical Council of India or by a State Medical Council.
- Candidates called for interview shall not be paid any TA / DA.
- The candidates will be selected based on their document verification and performance in interview. However, BHEL reserves the right to accept or reject any application without assigning any reason. All official communication shall be done on the applicant Phone Number or mail-id only.

### The Scope of Work:

Sl. No.	Qualification	Brief Job Description	Working hours (max)	Frequency
1.	MBBS with one-year Exp.	1. Daily consultant/health checkup of employees and their dependents 2. Occupational health checkup at factory	6 hours per day	Weekdays
2.	PG Diploma (Paediatric)	1. Daily consultant/health checkup of employee's dependent children	2 hours per day	Twice a Week (Monday, Thursday)



**Office Work/Services:**

1. **For MBBS PTMC:** Timing of the work at dispensary will be 10.00AM to 01.00 PM & 2.00PM to 5.00PM. Timing may be adjusted based on mutual discussion
2. **For PG Diploma PTMC:** On Monday and Thursday of every week, services will be provided at BHEL Township premises from 09.00 AM to 11.00 AM. Timing may be adjusted based on mutual discussion
3. At factory the health check-ups of employees will be carried out as per plan provided by BHEL authorized personnel.
4. The medical reimbursement bills of employees will be verified by BHEL Official per BHEL medical policy and forwarded to Finance Department.

**SELECTION PROCESS:**

Selection Process will consist of **Document Verification and Interview.**

**MEDICAL FITNESS:**

The Applicant should have a sound health. The appointment shall be subject to meeting the good health standards. The candidates are advised in their own interest that they should get themselves thoroughly examined by a Competent Medical Officer. Medical Fitness Certificate in the prescribed format will be required at the time of joining.

**REMUNERATION:** Based on hours of engagement, the remuneration will be as given below:

SI No.	PTMC Type	Hourly Rate Payable (Rs. )	Workdays per week	Approximate Monthly Remuneration(Rs.) Including conveyance
1	MBBS with One Year Experience	350	6	Rs. 60600/-
2	PG Diploma/Paediatric	690	2	Rs. 19800/-

**CONVEYANCE CHARGES:**

Conveyance charges shall be payable as below to the selected candidate for performing the duty at BHEL, IVP, Goindwal.

- a) **Upto 30Kms One Way:** Actuals subject to Upper Ceiling of Rs. 4500/- per month.
- b) **More than 30Kms One Way:** Actuals subject to Upper Ceiling of Rs. 6000/- per month.

**HOW TO APPLY**

- ❖ **Interested candidates are required to fill-up the Application Form (Attached below) to attend the Personal Interview** at Conference Hall, BHEL, IVP, Goindwal, Punjab – 143422.



- ❖ **Interview date and time will be informed separately through email only.** Candidates are advised to possess a valid e-mail ID. They are also advised to keep this e-mail ID active for a period of minimum one year, as any important intimation to them shall be provided by BHEL through e-mail.
- ❖ **Interested candidates are required to send the bio-data form along with following self-attested documents through e-mail by 30/05/2023 to [vishal@bhel.in](mailto:vishal@bhel.in), [parv@bhel.in](mailto:parv@bhel.in), [rakesh.bindra@bhel.in](mailto:rakesh.bindra@bhel.in) or by post or courier at**

**Dr. R k Bindra/AGM/Medical  
Bharat Heavy Electricals Limited,  
Industrial Valves Plant,  
Goindwal – 143422  
Distt. Tarn Taran, Punjab**

**and on interview date kindly bring the Certificates (original and one photocopy) for verification:**

1. Duly filled in Bio-Data Form (Application Form Attached Below) along with two latest passport size photographs.
2. Self-Attested High School Mark sheet and Certificate.
3. Self-Attested Intermediate Mark sheet and Certificate
4. Self-Attested MBBS all Semester Mark sheets, Internship Certificate & Degree Certificate.
5. Self-Attested of all Mark sheets and Relevant Certificate of MD/MS/PG Diploma
6. Self-Attested Registration Certificate issued by the Medical Council of India or by a State Medical Council.
7. Proof of MD/MS/PG Diploma/MBBS degree being recognized by MCI.
8. Proof of Experience (experience certificate preferably on letter head of the organisation)

#### **GENERAL INSTRUCTIONS:**

- ❖ The candidates should ensure while applying that they fulfill the essential eligibility criteria and other requirements prescribed for the above posts and that the particulars furnished by them are correct in all respects. In case, it is detected at any stage of recruitment process that the candidates do not fulfill the essential eligibility criteria and /or does not comply with other requirements and /or he/she has furnished any incorrect / false information or has suppressed any relevant information / material fact(s), his / her candidature is liable to be rejected. If any of the above shortcomings is/are detected, even after appointment, his/her services are liable for suitable action including termination and prosecution.
- ❖ The Management reserves the right to Revise / Reschedule / Cancel / Suspend the recruitment process, if the need so arises, without assigning any further notice or reason thereof. The decision of the management shall be final and no appeal shall be entertained. The Company reserves the right to reject any application without assigning any reason whatsoever.
- ❖ Any legal proceedings in respect of any matter of claim or dispute arising out of this



भारत हेवी इलेक्ट्रिकल्स लिमिटेड / Bharat Heavy Electricals Limited  
(भारत सरकार का उपक्रम / A Govt. of India Undertaking)  
इंडस्ट्रियल वॉल्वस प्लांट, गोइंदवाल / Industrial Valves Plant, Goindwal

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advertisement and /or an application in response thereto can be instituted only in IVP, Goindwal and Courts/Tribunals/Forums (Jurisdiction Courts) at Distt. Tarn Taran, Punjab only shall have sole and exclusive jurisdiction to try any such cause / dispute.

- ❖ No candidates shall be entertained for Interview after the said dates and any correspondence in this regard shall be rejected.
- ❖ Management reserves the right to disqualify any candidate who is unable to produce relevant documents in proof of qualification and experience. No correspondence in this regard shall be entertained.
- ❖ **Any CORRIGENDUM/CHANGES/UPDATES shall be available ONLY on our website <https://careers.bhel.in>** NO INTIMATION SHALL BE GIVEN IN ANY NEWSPAPER/ANY OTHER MEDIA.
- ❖ Any form of canvassing or bringing extraneous pressure will be disqualification and will render the candidate ineligible for selection.

AGM/ Medical  
(Phone: 01859224-605, 623, 696 ,9878031304)

**Other Contacts: -**

1. HR – 01859224696, 623, 9530902693, 9216349001



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Application Form  
APPLICATION FOR THE POST OF PART TIME MEDICAL CONSULTANT (PTMC)

Please affix  
Recent  
Passport Size  
Photo

Position applied for (pls tick relevant qualification as advertised) : PTMC ( MBBS / PG Diploma)

Specialisation :

1. NAME :

(in capital letters as per high school certificate)

2. FATHER'S NAME :

3. DATE OF BIRTH (DD/MM/YYYY) :

4. AGE (in years & months as on 01.06.2022) :

5. MARITAL STATUS :

Unmarried/Married /Other (please specify)

6. CATEGORY (GEN/SC/ST/OBC/EWS) :

7. NATIONALITY :

8. PERSON WITH DISABILITIES :

YES / NO (If yes) Type of disability:  
Percentage :

9. EX-SERVICEMEN :

YES / NO

If YES years of service

10. ADDRESS FOR CORRESPONDANCE :

City : District:  
State :  
Pin code :

11. PROFESSIONAL QUALIFICATIONS

Qualification	College/ University	Full Time/ Part Time	Specialisation	Period (From- To)	Year of Passing	Marks Obtained / Max. Marks	% of Marks	Whether Recognised by MCI
MBBS								
INTERNSHIP								
PG DIPLOMA								



MD/MS/DNB/ MDS								
MCH/DM								

**12. EXPERIENCE DETAILS**

Name of organisation And address	Private / Govt. / semi Govt. / Others	Type of Engagement (regular / Contract / Ad hoc / private Practice)	Designation/ Area Of Work	Period from	Period To

**13. REGISTRATION CERTIFICATE OF MEDICAL COUNCIL OF INDIA or, STATE MEDICAL COUNCIL**

**a) Degree**

Medical Council of India    Yes/No                      State .....

Certificate No .....                      dated .....                      Valid up to .....

**b) PG degree/Diploma (If applicable)**

Medical Council of India    Yes/No                      State .....

Certificate No .....                      dated .....                      Valid up to .....

14. Have you applied for any other vacancies in : YES / NO  
any other Organisation currently  
If yes, please give name of the employer/ :  
organisation and date for selection process and  
its current status

15. Employment details of parent(s)/spouse in : YES / NO  
BHEL: If yes, please furnish details

a. Status of employment                                      Serving/Retired/Death during service/Death after Service.  
b. Staff Number & Unit    .....

16. Mobile no.(WhatsApp no) :



17. Email ID :

**DECLARATION**

I hereby declare that statements made by me in this bio data form are true and complete. If I am engaged and the company finds at any time that any part of the information given by me is incorrect and false or that I have concealed any relevant information, I agree that my engagement shall be liable to be terminated summarily without any notice or compensation.

**DATE** : .....

**SIGNATURE** .....

**PLACE** : .....

**NAME** .....