



BHARAT HEAVY ELECTRICALS LIMITED

BIO-DATA FORM

SELECTION OF _____

UNIT : _____

Affix
recently taken
Passport size
photograph

For Official Use only

| Roll No. | Interview Centre |
|----------|------------------|
| | |

1. Name (in CAPITAL LETTERS and as entered in the application form)

.....

2. Mailing Address for communication:

.....

.....

.....

Pin.....

STD code.....

Contact Telephone no.....

Mobile No.

e-mail

3. Date of Birth:

4. Gender: Male Female

5. Marital Status – Unmarried Married Divorced Widowed

6. Nationality

7. Religion

8. Category

| | | | | |
|---------|----|----|-----|-------------------------------------------------------------------------------------------------------------------|
| General | SC | ST | OBC | <i>If you belong to SC/ST/OBC, please give the name of your Caste/Tribe as specified in the Caste Certificate</i> |
|---------|----|----|-----|-------------------------------------------------------------------------------------------------------------------|

9. Father's Name, Occupation & Organisation if applicable

.....

.....

10. Mother's Name, Occupation & Organisation if applicable

.....

.....

11. Spouse's Name Occupation & Organisation, if applicable (in case of married candidates)

.....

.....

12. Are you an Ex-serviceman (earlier worked with Armed forces)? Yes / No
If yes, give details below:

Service Rank last held

Period of Service: From To Reason for leaving

13. Whether a Physically Challenged person? Yes/No If yes, give details

Type of disability (pl ✓) Locomotor Hearing Impairment Visual Impairment

Decibels loss / % of disability

14. **Educational background:**

(a) **School**

| Exam/ Degree | Name of Exam | Board | Duration | | Main Subjects | Max. Marks | Marks Obtained |
|-----------------|-----------------|-------|----------|----|---------------|---------------|-------------------|
| | | | From | To | | | |
| X or Equiv | | | | | | | |
| XII or Equiv | | | | | | | |

(b) **Degree**

| Degree & discipline / Duration of course | Institution & University | Year | Semest er* | Main Subjects | Max. marks | Marks Obtained | Attempt (1 st / subsequent) | Type of course |
|-------------------------------------------------------------------------------------------------|--------------------------------|-----------------|-----------------|---------------|---------------|-------------------|----------------------------------------------|------------------------------------|
| Degree: Discipline/ Function: From: To: | | I year | 1 st | | | | | Full/ Part/ Corre- spondence |
| | | | 2 nd | | | | | |
| | | II year | 1 st | | | | | |
| | | | 2 nd | | | | | |
| | | III year | 1 st | | | | | |
| | | | 2 nd | | | | | |
| | | IV year # | 1 st | | | | | |
| | | | 2 nd | | | | | |
| | | V Year # | 1 st | | | | | |
| | | | 2 nd | | | | | |
| Total Marks (as applicable) | | | | | | | | |
| * For annual marking system, fill the year wise marks in 2nd Sem. # To be used, if required. | | | | | | | Aggregate % of marks | % |

(c) PG Degree

| Degree & discipline / Duration of course | Institution & University | Year | Semester* | Main Subjects | Max. marks | Marks Obtained | Attempt (1 st / subsequent) | Type of course |
|------------------------------------------------------------------------------------------------|--------------------------|------------------------|-----------|---------------|------------|----------------|----------------------------------------|----------------------------|
| Degree: Discipline/ Specialisation: From: To: | | 1 st year | | | | | | Full/ Part/ Correspondence |
| | | 2 nd year | | | | | | |
| | | 3 rd year # | | | | | | |
| Total Marks | | | | | | | | |
| # To be used, if required. | | | | | | | Aggregate % of marks% | |

15.(a) Prizes/Scholarships received:

(b) Vocational Training

| Firm | Assignment | Period |
|------|------------|--------|
| | | |

(c) Subjects of Special Interest of graduation

(d) Interest and achievements in extra- curricular activities.....

(e) Please give your views about the following two statements

i) I want to join BHEL because.....

ii) What I would like to contribute to BHEL's growth

16. Please give complete details of your past and present employment/occupation till date

i)

| Sl. No. | Organisation & Place | Designation | From | To | Total monthly emoluments | Reason for leaving |
|---------|----------------------|-------------|------|----|--------------------------|--------------------|
| | | | | | | |

ii) If you are employed in BHEL, please furnish the following details

Unit: Dept. Staff No. Current Designation
 and effective date

iii) If employed, was your application forwarded through proper channel?

| | |
|-----|----|
| Yes | No |
|-----|----|

Note: If you have got employment in a "Government Department / Undertaking / Autonomous Body etc., subsequent to sending your application to us, you are required to obtain and bring a "NO OBJECTION CERTIFICATE" from your present employer.

17. Have you applied/ appeared for any other examination conducted / to be conducted by Govt. (Centre/ State) or Public Sector Undertaking? YES / NO. If yes, Please give name & date of examination & current status of selection process

.....

18. Have you been interviewed for any post in BHEL earlier?

| | |
|-----|----|
| Yes | No |
|-----|----|

If yes, furnish details of Post.....
 UnitDate of Interview Result

19. Has your Parent/ Spouse been in service of BHEL?

| | |
|-----|----|
| Yes | No |
|-----|----|

 If yes, give details

| Details | Parent | Spouse |
|----------------------------------------------------------------------------------------------|--------|--------|
| Name | | |
| Staff No | | |
| Designation | | |
| Division | | |
| Present Status (employed presently/ Resigned/ Retired/ Voluntarily Retired/ Deceased) | | |

DECLARATION

I hereby declare that statements made by me in this form are true, complete and correct to the best of my knowledge and belief. If I am appointed and the Company finds at any time that any part of the information given by me is incorrect or false or that I have concealed any information as required in this Form, I agree that my appointment shall be liable to summary termination without any notice or compensation and I am liable to refund the expenses incurred by the Company on my training etc.

Date

Signature

Place

Name