



Annexure - I

STEEL AUTHORITY OF INDIA LIMITED
BHILAI STEEL PLANT

APPLICATION FOR ENGAGEMENT OF CONSULTANTS (DOCTORS IN MEDICAL DISCIPLINES)
AT BHILAI STEEL PLANT, BHILAI (INCLUDING MINES LOCATION)
(WALK-IN-INTERVIEW)

(Ref: Advt. No. BSP-01(Rectt.)25-26, Dated 24.05.2025)

POST APPLIED FOR : GDMOs

Indicate the choice of location Please (✓)	Bhilai	Mines	Both

AFFIX
PASSPORT
SIZE SELF
ATTESTED
PHOTOGRAPH

1. Name: _____

2. Father's Name/Husband's Name: _____

3. Date of Birth ____/____/____ Age ____ Yrs.

4. Sex : Male/Female/Transgender

5. Category (Please ✓) : General/SC/ST/OBC(NCL)/EWS

6. Person with Benchmark Disability : Yes/No

7. Address for correspondence :

8. Mobile No/Email ID: _____/_____

9. Are you registered with Medical Council of India (MCI) or National Medical Commission (NMC) or State Medical Council (SMC) or having valid practitioner licence and enrolled in the State Register or the National Register. If yes, Registration number_____

10. Whether Ex-employee of SAIL/non-SAIL. ? YES / NO.
If Yes, nature of separation. Voluntary Retirement/Others (Please specify)
_____.

11. Qualifications:

Examination passed	Date & Year of passing	Institute/Univ. from which passed	Recognized from MCI (Yes / No)	Marks obtained	% & Division
MBBS					
PG DIPLOMA					
PG DEGREE					
Specialisation/Other relevant qualification, if any					

12. Experience:

Position Held	Name of Institution/Hospital	From	To	Duration	Reason for leaving

13. Any other information you would like to furnish (Separate paper can be used in case of less space)**14. Declaration**

I hereby declare that all the information given above is true to the best of my knowledge and belief. In case of any declaration and documents attached herewith are found to be false and if I am unable to produce/submit relevant documents my candidature may be cancelled at any stage of the selection process or thereafter. In the event that the wrong statement/ information / documents is/are detected afterwards, then my engagement of consultant (Doctors in Medical Disciplines) is liable to be terminated without notice.

Dated: _____

Signature

Note: Please attach self-attested photo copies of all documents mentioned in the detailed advertisement.
