

HINDUSTAN AERONAUTICS LIMITED

INDUSTRIAL HEALTH CENTER

Vimanapura Post, Bangalore - 560017

Telephone: 080-22323005

June 18, 2025

ENGAGEMENT OF VISITING CONSULTANT IN INDUSTRIAL HEALTH CENTER

HINDUSTAN AERONAUTICS LIMITED (HAL), a Maharatna Company, is a Premier Aeronautical Industry of South Asia, with 20 Production Divisions and 10 R&D Centres 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 Satellites and Launch vehicles.

HAL Industrial Health Center, Bangalore-560 017, requires VISITING CONSULTANT. The requirement of the post is as follows:

1.VISITING CONSULTANT (RETINA)

Advt. No.

IHC/HR/25/12/2025

No. of Posts

01

Oualification

MBBS with DOMS / MS/ DNB (Ophthalmology) + Fellowship Retina

from a recognized Institution/University.

Age as on

Preferably below 65 years

01/06/2025

Experience as on

Minimum 05 Years of Post Qualification Experience in the discipline.

01/06/2025

Tenure

Initially for a period of 2 years renewable at the discretion of the

Management.

No. of Visits

2 visits in a week for minimum 2 hrs per visit.

Remuneration

The maximum remuneration payable to Visiting Consultant would be upto

Rs.7000/- per visit plus conveyance charges depending upon the

qualification and experience.

GENERAL CONDITIONS

HAL reserves the right to cancel the advertisement and / or the selection process there under.

Decision of HAL Management regarding selection will be final.

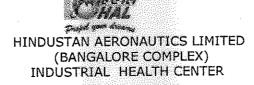
In case of difficulty or for any queries, contact us at 080-22323005/22328023 or at hr.medical@hal-india.co.in

HOW TO APPLY:

Interested Doctors who meet with the above criteria may send their application in the application format given below, by post only, so as to reach on or before 02/07/2025 to Chief Manager(HR), Industrial Health Center, Hindustan Aeronautics Limited (Bangalore Complex), Suranjandas Road, (Near Old Airport), Bangalore-560 017 in an envelope superscribing "Application for the post of Visiting Consultant (RETINA)" . Resume /application sent thorough E-mail will not be entertained. The application shall accompany the self attested Xerox copies of certificates in support of Date of Birth, Educational Qualifications, Experience etc...

Chief Manager(HR)

Encl: Application Format



APPLICATION FOR THE POST OF **VISITING CONSULTANT (RETINA)**

ADVERTISEMENT NO. IHC/HR/25/12/2025 DATED 02/07/2025

Affix your Passport size photograph here

01	FULL NAME (PLEASE INDICATE IN BLOCK LETTERS)	
02	GENDER	MALE / FEMALE
03	FATHER'S NAME	
04	MOTHER'S NAME	47.
05	A) DATE OF BIRTH (DD/MM/YYYY) B) AGE AS ON <u>01/06/2025</u>	
06	STATE OF DOMICILE & NATIONALITY	
07	RELIGION	
08	CATEGORY (indicate (_/) THE CATEGORY YOU BELONG TO)	SC ST OBC GEN PWD EX-SM EWS
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)	

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13	IS/ARE ANY OF YOUR CLOSE RELATIVES WORKING IN HAL? IF SO, GIVE DETAILS OF NAME, DESIGNATION, DIVISION HAVE YOU BEEN INTERVIEWED BY HAL ANY TIME EARLIER			NAME DESIGN DIVISIO	ON NTERVIEN FINTER	WED	YES		NO			
14 DET	AILS	OF	EDUCATIO	NAL QUALI	FICATIO	ON (PI	EASE /	ATT.	CH COPI	ES O	F	
CERTIFICATES) Name of the University		Whether Full I		Duration of the Course		е	Month & year of Passing		%age of Marks / Grade / Class			
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15 D	ETAIL:	S 0	F EXPERIE	NCE AS ON	ATTACH	<u>ZUZS</u> I COPII	ES OF C	ERT	IFICATES) ()	Jyrcai	Older,
GRADE / DESIGNATION		Name of Organization		Govt / Quasi Govt / PSU / PVT	Type of employment - Part time / Contract / Regular		Period of employment (DD/MM/YYY) From To		nt (Y)	Gro Pay Rs.	/	Reasons for leaving
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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 : DATE :

(SIGNATURE)

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