HINDUSTAN AERONAUTICS LIMITED
INDUSTRIAL HEALTH CENTER
BANGALORE COMPLEX, Vimanapura Post,
Bangalore – 560017
Telephone : 080-22323005

August 21, 2023

ENGAGEMENT OF OCCUPATIONAL THERAPY (PART TIME /VISIT BASIS) IN INDUSTRIAL HEALTH CENTER

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HINDUSTAN AERONAUTICS LIMITED (HAL), a Navaratna 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 **OCCUPATIONAL THERAPY** on **PART TIME / VISIT BASIS.** The requirement of the post is as follows:

POST	:	**OCCUPATIONAL THERAPY** (PART TIME/VISIT BASIS)
Advt. No.	:	IHC/HR/25/08/2023
No. of Posts	:	01
Qualification	:	Bachelor of Occupational Therapy.
Maximum age as on **01/08/2023**	:	Preferably below 40 years
Experience as on **01/08/2023**	:	Minimum **1 Year** of Post Qualification Experience in the relevant discipline.
Tenure	:	Initially for a period of 2 years renewable at the discretion of the Management.
No. of Visits	:	3 visits in a week for minimum of 3-4 hrs per visit **OR** As per the requirement /need basis.
Remuneration	:	The candidates are required to indicate the expected Remuneration per visit, at the time of applying. However, selected candidates will be offered consolidated package (including conveyance) depending on 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 080-22323005/080-22328023 or at hr.medical@hal-india.co.in.
- Last Date for forwarding the application is **04/09/2023.**

HOW TO APPLY:

Interested candidates who meet with the above criteria shall forward their application strictly in the application format given below (neatly typed/hand written) by **POST** only, so as to reach on or before **04/09/2023** 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 OCCUPATIONAL THERAPY (PART TIME/ VISIT BASIS)"**. Resume/application sent through 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

HINDUSTAN AERONAUTICS LIMITED
(BANGALORE COMPLEX)
INDUSTRIAL HEALTH CENTER

Affix your Passport size photograph here

APPLICATION FOR THE POST OF **OCCUPATIONAL THERAPY (PART TIME/VISIT BASIS)**

ADVERTISEMENT NO. IHC/HR/25/08/2023 DATED 21/08/2023

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 01/08/2023**	
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)	

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 01/08/2023 (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.