

HINDUSTAN AERONAUTICS LIMITED

INDUSTRIAL HEALTH CENTER BANGALORE COMPLEX, Vimanapura Post,

Bangalore - 560017

Telephone: 080-22323005

July 30, 2024

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

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 THERAPIST on PART TIME / VISIT BASIS. The requirement of the post is as follows:

OCCUPATIONAL THERAPIST (PART TIME/VISIT BASIS) POST

IHC/HR/25/21/2024 Advt. No.

01 No. of Posts

Bachelor of Occupational Therapy. Oualification

Preferably below 40 years Maximum age

as on 01/07/2024

Minimum 1 Year of Post Qualification Experience in the relevant discipline. Experience

as on 01/07/2024

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

Management.

3 visits in a week for minimum of 3-4 hrs per visit OR No. of Visits

As per the requirement /need basis.

The candidates are required to indicate the expected Remuneration 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 13/08/2024.

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 13/08/2024 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 THERAPIST (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

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

Affix your Passport size photograph here

ADVERTISEMENT NO. IHC/HR/25/21/2024 DATED 30/07/2024

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 <u>01/07/2024</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)	

Contd...2...

12	IS/ARE ANY OF YOUR CLOSE RELATIVES WORKING IN HAL? IF SO, GIVE DETAILS OF NAME, DESIGNATION, DIVISION HAVE YOU BEEN		NAME DESIGN DIVISIO			YES /	NO			
	INTERVIEWED BY HAL ANY TIME EARLIER		DATE O	POST INTERVIEWED DATE OF INTERVIEW DIVISION						
		EDUCATION	AL QUALIF	ICATIO	N (PLE	ASE ATTA	CH COPIES	SOF		
Qualification with /		Whether Full Time/Part-Time/ Correspondence		Duration of the Course		Month & year of Passing		%age of Marks / Grade / Class		
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								-		
15 DET	AILS OF	EXPERIENCE	E AS ON <u>01</u>	L/07/20 ATTACH) <u>24</u> (II COPIE	YEARS)	(In chrono TIFICATES	logic	al Oro	ier,
GRADE /	DESIGNATION Organisation Q		Govt / Type of employs - Part ti Contrac Regular		ment ime / ct /	Period of employment		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	:
DATE	:

(SIGNATURE)

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