

ಸೇವೆಯಲ್ಲಿರುವವರಿಗೆ

ಸೇವಾಠ

SERVING  
EMPLOYEES

ಬಿಹೆಚ್‌ಇಎಲ್ ಎಂಪ್ಯಾನಲ್ ಸೆಪಲಿನ್ ಕನಲೇಷನ್ / ಪ್ರಿಪ್ಷನ್ ಬುಕ್‌ಲೆಟ್  
ಢೆಲ ಕೆ ನಾಢರ್ಜ ವಿಶೇಷಣೆ ಕೀ ಧಾಢರ್ಶ / ಡಫಚಾರ-ಧರ್ಶಿ ಧುಸ್ತಿಕಾ

BHEL EMPANELLED SPECIALISTS CONSULTATION /  
PRESCRIPTION BOOKLET

478

ಶಿವರಾಜ್ ವಿಠಲಾಜಿ  
ಶುಬರ. ಲಾಜಿ

ಭಾರತ್ ಹೆವಿ ಎಲೆಕ್ಟ್ರಿಕಲ್ಸ್ ಲಿಢಿಟೆಡ್, ಲ್ರೆಕ್ಟೋಪೋರ್ಸಲೇನ್ಸ್ ಡಿವಿಜನ್, ಬೆಂಗಲೂರು  
ಭಾರತ್ ಹೆವಿ ಇಲೆಕ್ಟ್ರಿಕಲ್ಸ್ ಲಿಢಿಟೆಡ್, (ಇಲೆಕ್ಟ್ರೋಪೋರ್ಸಲೇನ್ಸ್) ಡಿವಿಜನ್, ಬೆಂಗಲೂರು  
Bharat Heavy Electricals Limited (Electroporcelain) Division, Bangalore  
SOLAR BUSINESS



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**BHEL EMPANELLED SPECIALISTS CONSULTATION / PRESCRIPTION BOOKLET**  
**FOR SERVING EMPLOYEE AND DEPENDANT MEMBERS OF THE FAMILY**  
**ELECTROPORCELAINS DIVISION**


PART - A (To be filled in by employee)	PART - B (To be filled in by doctor)
 <p>Employee Staff No. <input type="text"/></p>	<p>Doctor ID No. : _____</p>
<p>Name of the Employee: _____</p>	<p>Patient's Name : _____</p>
<p>Department Code : _____</p>	<p>Diagnosis : _____</p>
<p>Name of the Patient : _____</p>	<p>Medicines Prescribed :</p>
<p>Relationship with the Employee : _____</p>	<p>Diagnostic Test prescribed, if any</p>
<p>Date of Birth/Age in yrs : _____</p>	
<p>Date of Consultation : _____</p>	
<p>Employee's Medical Card No. : _____</p>	
<p>Address : The Medical Superintendent                      BHEL Electroporcelain Division                      Prof. CNR Rao Circle, IISc Post                      Malleswaram, Bengaluru-560 012                      Phone No. : 22182437 / 22182418 / 22182395</p>	<p>Signature of Employee/Dependant  <i>Solar Business</i>                      Doctor's Signature &amp; Seal                      Registration No. _____</p>

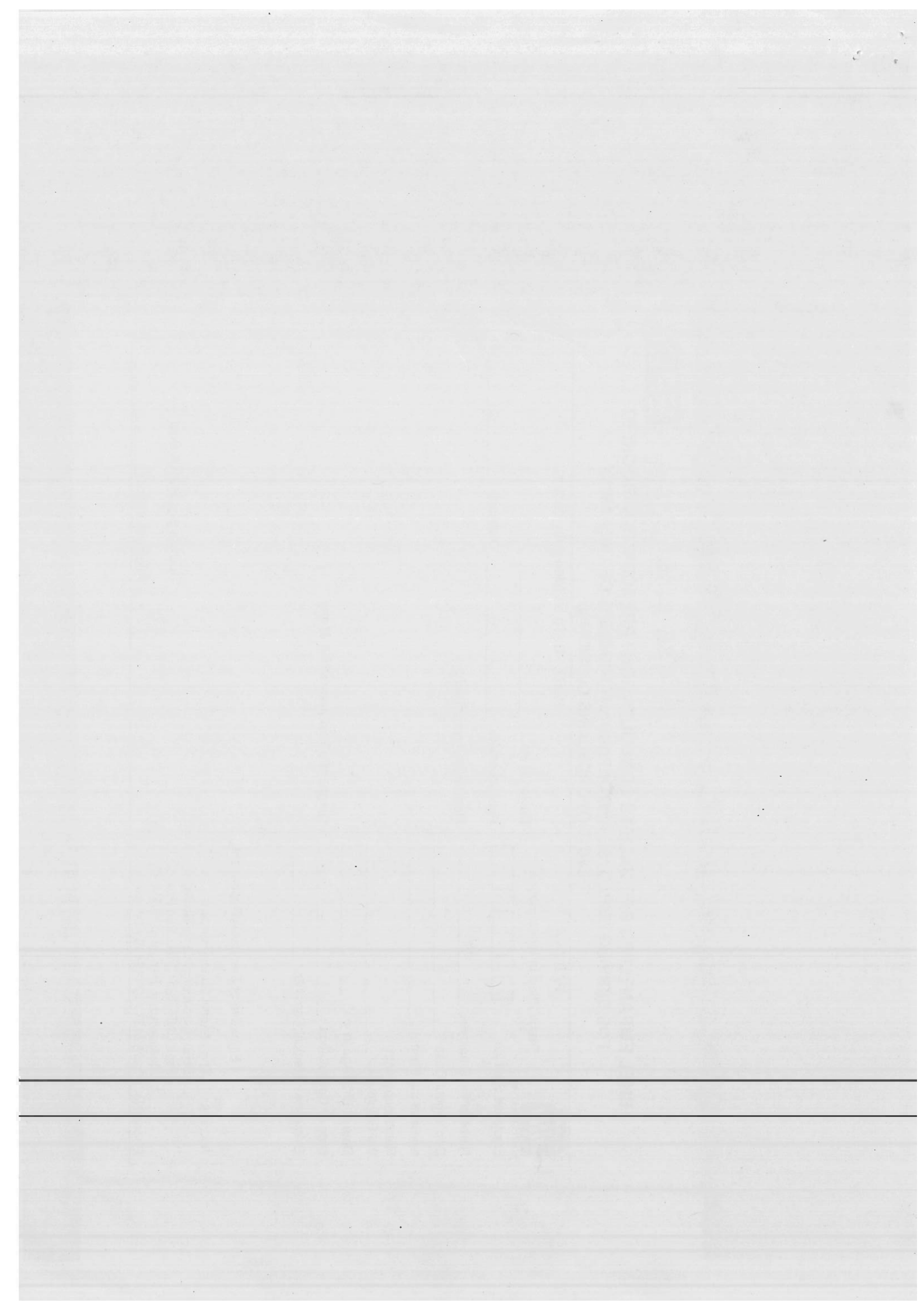


**EPD**

SE Sl. No. 59851

**BHEL EMPANELLED SPECIALISTS CONSULTATION / PRESCRIPTION BOOKLET**  
**FOR SERVING EMPLOYEE AND DEPENDANT MEMBERS OF THE FAMILY**  
**ELECTROPORCELAINS DIVISION**

PART - A (To be filled in by employee)	PART - B (To be filled in by doctor)
 Employee Staff No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Doctor ID No. : _____
Name of the Employee: _____	Patient's Name : _____
Department Code : _____	Diagnosis : _____
Name of the Patient : _____	Medicines Prescribed : _____
Relationship with the Employee : _____	Diagnostic Test prescribed, if any _____
Date of Birth/Age in yrs : _____	
Date of Consultation : _____	
Employee's Medical Card No. : _____	
Signature of Employee/Dependant _____	
Address : The Medical Superintendent BHEL Electroporcelains Division Prof. CNR Rao Circle, IISc Post Malleswaram, Bengaluru-560 012	Doctor's Signature & Seal Registration No. _____
Phone No. : 22182437 / 22182418 / 22182395	



Photograph	2. Name	
	Date of Birth	Relationship
	Dependent Father	
	3. Name	
Photograph	Date of Birth	Relationship
	Dependent Mother	
	4. Name	
	Date of Birth	Relationship
Photograph	Spouse	

Photograph	5. Name	
	Date of Birth	Relationship
	Dependent Son / Daughter	
	6. Name	
Photograph	Date of Birth	Relationship
	Dependent Son / Daughter	
	7. Name	
	Date of Birth	Relationship
Photograph	Dependent Son / Daughter	



Card No.

ಎಲೆಕ್ಟ್ರೋಮೋಟರ್‌ಲೇನ್ಸ್ ಡಿವಿಷನ್

ಇಲೆಕ್ಟ್ರೋಸೆಲೆನ್ಸ್ ಡಿವಿಷನ್

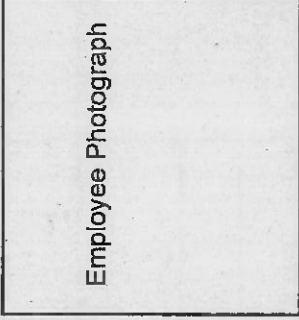
**Electroportalains Division**

Malleswaram, Bangalore-12

ಬಿ.ಎಲ್.ಇ.ಎಲ್. ಉಪವ್ಯೂಹದ ಚಿಕಿತ್ಸಾ ಗುರುತಿನ ಚೀಟಿ

बीएचईएल कर्मचारी चिकित्सा पहचान पत्र

**BHEL EMPLOYEE MEDICAL IDENTITY CARD**



Employee Photograph


Photograph	8. Name	
	Date of Birth	Relationship
Dependent Son / Daughter		
Photograph	9. Name	
	Date of Birth	Relationship
Dependent Son / Daughter		
Photograph	10. Name	
	Date of Birth	Relationship
Dependent Son / Daughter		

Name of the Employee	
Staff No.	
Designation & Grade	
Dept. Name / Dept. Code	
Date of Birth	
Residential Address / Tel. No./Mobile	

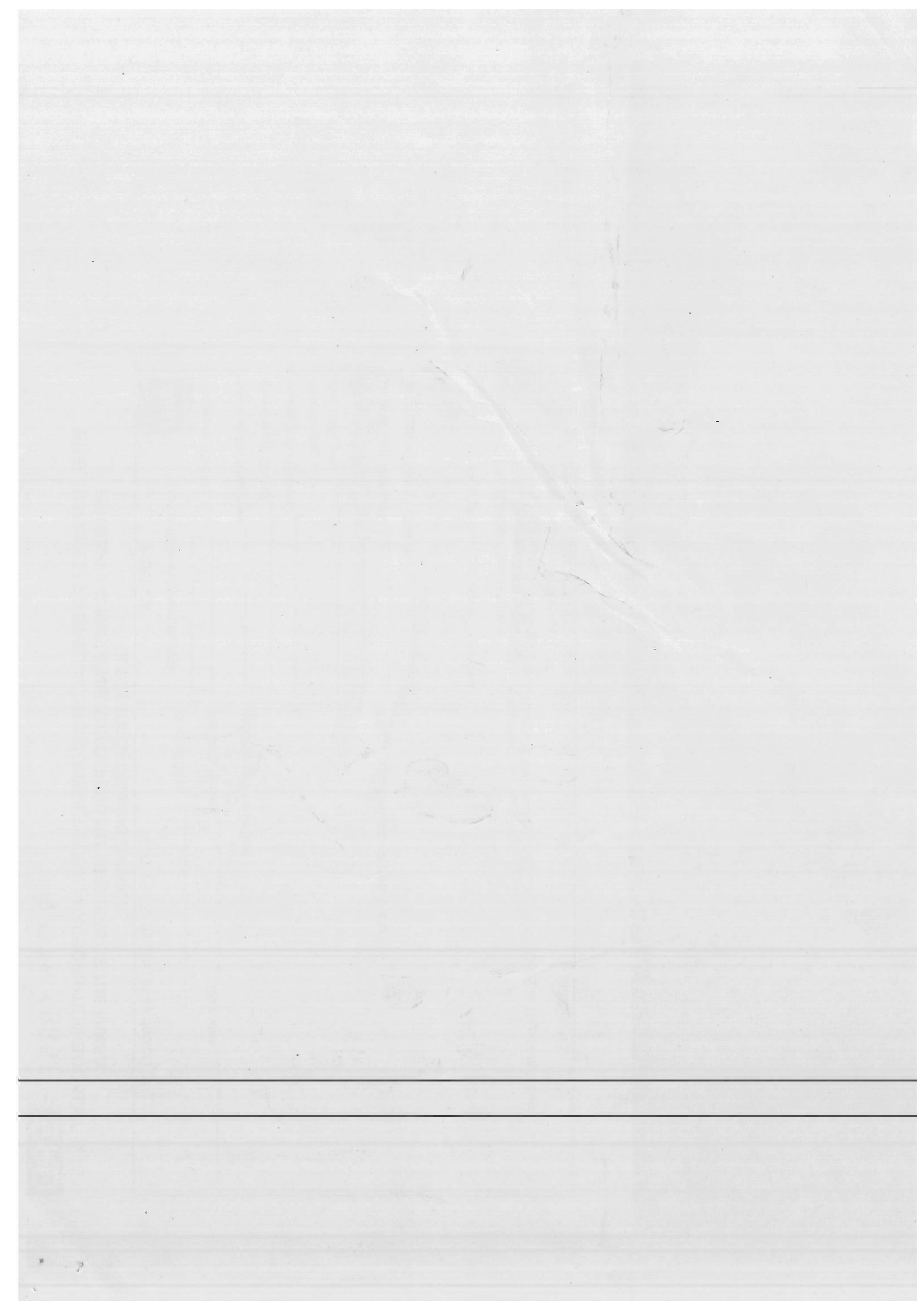
Signature of Employee

Issuing Authority & Seal

**BHEL EMPANELLED SPECIALISTS CONSULTATION / PRESCRIPTION BOOKLET**  
**FOR SERVING EMPLOYEE AND DEPENDANT MEMBERS OF THE FAMILY**  
**ELECTROPORCELAINS DIVISION**

PART - A		PART - B (To be filled in by doctor)	
 BHEL Bharat Heavy Electricals Company			
<b>(To be filled in by employee)</b>			
Employee Staff No.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Doctor ID No. :	_____
Name of the Employee:	_____	Patient's Name :	_____
Department Code :	_____	Medicines Prescribed :	_____
Name of the Patient :	_____		
Relationship with the Employee :	_____		
Date of Birth/Age in yrs :	_____		
Date of Consultation :	_____	Diagnostic Test prescribed, if any	_____
Employee's Medical Card No. :	_____		
Signature of Employee/Dependant			
Address : The Medical Superintendent BHEL Electroporcelains Division Prof. CNR Rao Circle, IISc Post Malleswaram, Bengaluru-560 012 Phone No. : 22182437 / 22182418 / 22182395		Doctor's Signature & Seal Registration No. _____	

*Solar Business*





Sub: Tender Opening Schedule

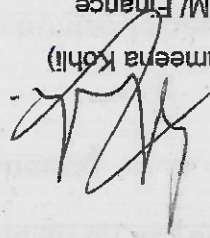
Schedule for opening of Tenders by Finance personnel for the period 22/11/2021 to 30/04/2022 is as below for Physical and E-Mail tender opening

Day	Shri/Smt/Ms	Alternate Person
Monday	Geetanjali Raj	Sonal Gupta
Tuesday	Nithila Nagarajan	K. Raju
Wednesday	Rachita Garg	Ramesh Babu
Thursday	Banupriya S J	Mohit
Friday	Rashmi S	Neeti Srivastava
Saturday	Triveni Rudrappa tnal	Ashish Jain

For e-tendering, the previous approval dated 18.01.2021 remains effective.

The Officers nominated have to attend the tender opening on the days specified above.

(Sameena Kohli)  
AGM/ Finance



technicalbid - epd @ bhel.in

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Pvm@  
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Finance  
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Authorized Finance Rep.