HEAVY VEHICLES FACTORY, AVADI A UNIT OF ARMOURED VEHICLES NIGAM LIMITED

SELECTION OF CANDIDATES FOR ENGAGEMENT UNDER FIXED TERM CONTRACT BASIS

Ref: Advt.No.HVF/FTC/RECT/2024/02 dated 15/06/2024

1. The following candidates have been provisionally selected for Engagement under Fixed Term Contract basis.

Post Name: Design Engineer/Mechanical

S.No	Name (Shri./Smt)	DOB	Category	Selected against
1	ADVAITH KRISHNA V P	19/04/1999	OBC	UR-1
2	SHA ILYAS S Y	23/10/1999	OBC	UR-2

- 2. The above candidates are requested to obtain on-line Police Verification Report.
- 3. The candidates are also instructed to obtain Medical Fitness Certificate from Asst. Civil Surgeon/Civil Surgeon of a Govt. Hospital/CGHS/CGHS recognized hospital of the parameters which needs to be physically tested. The sample tests which is mandatory required to be performed by the candidate to be declared as FIT is also enclosed as Annexure-I.
- 4. On receipt of the above, candidates are requested to forward the soft copy of PVR and Medical fitness certificate along with a willing letter to join HVF on Fixed Tenure Contract to the email madhukumarrk@ord.gov.in
- 5. The soft copy of the offer of engagement would be forwarded to the candidates through email as given in their application. Candidates can take a hard copy of the offer of engagement letter and report at HVF Admin Gate on any working day before 1200 hrs.
- 6. No enquires or clarification would be entertained on any mode.

(M.SIVAKUMAR)
GENERAL MANAGER
For CGM/HVF
Heavy Vehicles Factory

A Unit of AVNL.

MEDICAL EXAMINATION REPORT

Name Grade / Post Age Date of examination: DOB Sex: M/F Height cms: Weight: Marital Status: Married / Unmarried Kg Identification Marks: Ideal Weight 01. 02. Female Cases 01. General Appearance: a) Period Chest - Normal: b) LMP cms Inspiration cms 02. Apparent Deformity, if any **EYES** Vision BP **Acuity of Vision** RE LE Pulse **Distant Vision** Skin Near Vision Lymphenodes Colour Vision Heart Any others Lungs Abdomen **EARS** Liver Hearing Spleen Normal / Defection: Teeth & Gum **ANY OTHERS** SKELETAL Hernia **Upper Extremity:** Hydrocele Piles / Fissures Lower Extremity Genitalia Spine **INVESTIGATION** Any other findings: Urine Sugar Alb X-ray chest Pro veing) **Blood Group** Hb% Remarks: FIT/ TY. UNFIT/UNFIT Signature of Medical Officer

Date