



# BROADCAST ENGINEERING CONSULTANTS INDIA LTD

(A Govt. of India Enterprise)

Head Office: 14-B, Ring Road, I.P. Estate, New Delhi-110002

Tel : + 91(11) 23378823-25, Fax No. + 91(11) 23379885

Corporate Office: C-56/A 17, Secto-62, Noida-201307

Tel: 0120-4177850, Fax : 0120-4177879

E-Mail: [jobs@becil.com](mailto:jobs@becil.com) Website: [www.becil.com](http://www.becil.com)

Please attach recent passport size photograph

## (REGISTRATION FORM FOR PROFESSIONALS)

(Imp: Please read the details on prescribed educational, professional as well as experience requirements for the various professionals before filling in the form, incomplete application will summarily be rejected)

1. Application for Registration for

2. Name - Mr. / Mrs. / Miss. (Please tick the appropriate)

First Name

Middle Name

Last Name

3. Father's/Husband's Name

4. Date of Birth  Day  Month  Year

5. Category  General  OBC  SC  ST  PH

6. Address for Communication

City

State

Pin Code

7. Permanent Address

City

State

Pin Code

8. E-Mail Address (Capital Letters)

Phone No. (Prefix city)

Mobile No

Code

9. Educational Qualifications (Most recent one first)

S.No.	Examination Passed	Name of School/ College/University	Year of Passing	Division/ Grade

10. Professional Qualifications (Most recent one first)

S.No.	Qualification	Name of Institute and duration of Course	Year of Passing	Division/ Grade

11. Work Experience (From present position give Details on every employment, add separate sheet if necessary)

S.No.	Organization	Designation	Duration		Salary Drawn	Brief Job profile
			From	To		

12. Total years of experience: \_\_\_\_\_

13. References

S.No.	Name	Address	Contact Details.

14. Have you applied earlier, if so please furnish details thereof:

Name of the Organization: EMMC / BECIL

Name of the Post .....

Date of Applied .....

Outcome.....

15. Languages known (Tick appropriate boxes)

	Read	Speak	Write
1. -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How did you learn about the vacancy.

Website       Advertisement       Training Institutes       Others

Note: Please provide self attested photocopies of following documents

- a) Educational / Professional Certificates
- b) Date of Birth Certificate
- c) Experience Certificates
- d) Caste Certificate, if applicable

Signature \_\_\_\_\_

Date \_\_\_\_\_

*For BECIL Office Records*

Registration No.-----

Receipt No. for Registration fee -----

Date -----