For office Use: Reg. I	No.	Dated:	Fee:

## **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: BECIL Bhawan, C-56, A/17, Sector-62, Noida – 201307 Uttar Pradesh

**Tel**: 0120-4177850 **Fax**: 0120-4177879 E\_Mail: hrsection@becil.com Website: www.becil.com

Please attach recent passport size photograph

	(REGISTRATION FORM)
	p: Please read the details on prescribed educational, professional as well as experience requirements the various professionals before filling in the form)
1.	Application for the post of:
2.	Candidate's Name - Mr.□ Mrs.□ Miss.□ (Please tick the appropriate)
3.	Father's Name:
4.	Date of Birth: Day Month Year
5.	Aadhar No. (Compulsory)
6.	Employee State Insurance No. (if any)
7.	PAN No. (Compulsory)
8.	Category: General OBC SC ST PH Others
9.	Marital Status: Married Unmarried Widow
10.	Nationality:11. Religion:
12.	Permanent Address (Capital Letters):
	City State
13.	Correspondence Address (Capital Letters):
	City State
	Pin Code
14.	E-Mail ID (Capital Letters):
	Mobile No.1 Mobile No.2

11	Educationa	I/Professional	Qualifications

Examination Passed	Course Name & Board/University/Institute	Year of Passing	Total Marks	Marks Obtained	Percentage
10 <sup>th</sup> passed					
12 <sup>th</sup> passed					
Graduation					
Post-graduation					
Diploma					
	Passed  10 <sup>th</sup> passed  12 <sup>th</sup> passed  Graduation  Post-graduation	Passed  Course Name & Board/University/Institute  10 <sup>th</sup> passed  12 <sup>th</sup> passed  Graduation  Post-graduation	Passed Course Name & Board/University/Institute Passing  10 <sup>th</sup> passed  12 <sup>th</sup> passed  Graduation  Post-graduation	Passed Course Name & Board/University/Institute Passing Marks  10 <sup>th</sup> passed	Passed Course Name & Board/University/Institute Passing Marks Obtained  10 <sup>th</sup> passed

15.	Work Experience	(add	l separate s	sheet i	f required)
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S.		Organization	Duration		
No.	Designation		From (DD/MM/YY)	To (DD/MM/YY)	
1.					
2.					
3.					
4.					
5.					

16.	<b>Total</b>	years of ex	perience:	

## 17. References

Name	Address	Contact Number
) <u>.</u>	o. Name	n. Name Address

## 18. Languages known (Tick appropriate boxes)

	Read	Speak	Write
1.			
2.			
3.			

Note: Please attach self-attested photocopies of following documents with this form:

- 1. Educational / Professional Certificates
- 2. 10<sup>th</sup> Certificate / Birth Certificate

- Caste Certificate, if any.
   Work Experience Certificates
   PAN Card
   Aadhar Card
   Copy of EPF/ESIC Card (if already have)

Signature	