

Advertisement No: 532

For office Use: Reg. 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

Website: www.becil.com

Please attach recent
passport size Color
photograph

(REGISTRATION FORM)

(Imp: Please read the details on prescribed educational, professional as well as experience requirements for the various professionals before filling in the form) (FILL FORM IN ONLY CAPITAL LETTERS)

1. Application for the post of: _____

- 2. Candidate's Name - Mr.☐ Mrs.☐ Miss.☐ (Please tick the appropriate)**

[illegible]

- 3. Father's Name:**

[illegible]

4. Date of Birth:

 Day

 Month

 Year

- 5. Aadhar No. (Compulsory)**

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- 6. Employee State Insurance No. (if any)**

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- 7. PAN No. (Compulsory)**

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8. **Category:** **General** ☐ **OBC** ☐ **SC** ☐ **ST** ☐ **PH** ☐ **EWS** ☐ **OTHERS** ☐

9. Marital Status: Married ☐ Unmarried ☐ Widow ☐

10. Nationality: _____

- 11. Religion:** _____

- 12. Permanent Address (Capital Letters):**

[illegible][illegible]

City

[illegible]

State

Pin Code

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- 13. Correspondence Address (Capital Letters):**

[illegible][illegible]

City

[illegible]

State

Pin Code

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14. E-Mail ID (Capital Letters):

[illegible]**MobileNo.1**[illegible]**MobileNo.2**[illegible]

15. Educational/Professional Qualifications:

S. No.	Examination Passed	Course Name & Board/University/Institute	Year of Passing	Total Marks	Marks Obtained	Percentage
1	10 th passed					
2	12 th passed					
3	Graduation					
4	Post-graduation					
5	PG Diploma					
6	Others (if any)					

16. Work Experience (add separate sheet if required):

Sl. No.	Complete Designation & place of posting	Name of Organisation	Pay Scale	Period		Reporting to	Self-Declaration whether meets mandatory experience requirement
1	2	3	4	5		6	7
(a)				From	To		
<u>Nature of Duties/Key Responsibilities Handled:</u>							
(b)				From	To		
<u>Nature of Duties/Key Responsibilities Handled:</u>							

17. Total years of experience: _____

18. References

S.No.	Name	Address	Contact Number

19. 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"/>

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

1. Educational / Professional Certificates
2. 10th Certificate / Birth Certificate
3. Caste Certificate, if any.
4. Work Experience Certificates
5. PAN Card
6. Aadhar Card
7. Copy of EPF/ESIC Card (Pervious employer-if applicable)

(.....)
Signature of Candidate with date