A divertie e me e mt	No.
Advertisement	No:

for office use. Reg. No. Dateu. Fee.	or office Use: Reg. No.	Dated:	Fee:	
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## 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) (FILLED FORM IN ONLY CAPITAL LETTERS)

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 EWS OTHERS					
9.	Marital Status: Married Unmarried Widow					
10.	Nationality:11. Religion:	_				
12.	12. Permanent Address (Capital Letters):					
		_				
		]				
	City State					
	City State					
13.						
13.	City State Pin Code					
13.	City State Pin Code					
	City State Pin Code					
	City State  Correspondence Address (Capital Letters):	] ]     				
	City State  Correspondence Address (Capital Letters):  City State  Pin Code  State					
	City State  Correspondence Address (Capital Letters):  City State  Pin Code  Correspondence Address (State State S	] ]     				

S. No.	Examination Passed	Course Name 8	Board/University/Institut	Year of Passing	Total Marks	Marks Obtained	Percentage
1	10 <sup>th</sup> passed						
2	12 <sup>th</sup> passed						
3	Graduation						
4	Post-graduation						
5	Diploma						
6	Others (if any)						
15.	Work Experience	(add separate sl	neet if required):	·			
S. No	()rda	nization	Designatio	n		Duration Duration	То
					(DD/M	IM/YYYY)	(DD/MM/YYYY)
1.							
2.							
3.							
4.							
5.							
16.	Total years of exp	perience:					
	References						
S.N	o. Name Address				Contact N	umber	
	Languages know		ate boxes) eak Write				
18.		Post Cr					
	1						

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)

(	)
ure of Candidate wi	