Advertisement No:

or 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) (FILLED FORM IN ONLY CAPITAL LETTERS)

1.	Application for the post of:	
••	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	
	Nationality:11. Religion: Permanent Address (Capital Letters):	
12.	Permanent Address (Capital Letters).	
		_
	City State	
13.	Correspondence Address (Capital Letters):]
.o. 		1
[,]
ı	City State	J
14.	E-Mail ID (Capital Letters):]
-		1
ı	Mobile No.1 Mobile No.2	ر ا

11	Education	al/Profes	lenois	Qualifica	tione
14.	Education	al/Floies	SIOHAL	CJUAIIIIC.	11107115

_	Cyambatlas			Year of	Tatal	Montes	
S. No.	Examination Passed	Course Name &	Course Name & Board/University/Institute		Total Marks	Marks Obtained	Percentage
1	10 th passed						
2	12 th passed						
3	Graduation						
4	Post-graduation						
5	Diploma	ploma					
6	Others (if any)						
15.	Work Experience	(add separate sh	eet if required):			1	
S. No. Orga		3			Duration		
		anization	Designation		From (DD/MM/YYYY)		To (DD/MM/YYYY)
1.							
2.							

5.						
16. Total years of experience:						
17. References						
S.No.	Name	Address	Contact	Number		

5.NO.	name	Address	Contact Number
			1
-			-
1			
1			
			-

18.	s. Languages known (Tick appropriate boxes)			
		Read	Speak	Write
	1			
	2			
	2			

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

3.

4.

- 5. PAN Card6. Aadhar Card
- 7. Copy of EPF/ESIC Card (Pervious employer-if applicable)

(
Signature of Candidate with of	ate