

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) (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. Permanent Address (Capital Letters):

City

State

Pin Code

13. Correspondence Address (Capital Letters):

City

State

Pin Code

14. E-Mail ID (Capital Letters):

Mobile No.1 _____

Mobile No.2 _____

14. 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	Diploma					
6	Others (if any)					

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

S. No.	Organization	Designation	Duration	
			From (DD/MM/YYYY)	To (DD/MM/YYYY)
1.				
2.				
3.				
4.				
5.				

16. Total years of experience: _____

17. References

S.No.	Name	Address	Contact Number

18. 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 (Previous employer-if applicable)

(.....)

Signature of Candidate with date