

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

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

Tel: 0120-4177850 Fax : 0120-4177879

Website: [www.becil.com](http://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 <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 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. 10<sup>th</sup> 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