



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

E-Mail: contactus@becil.com Website: www.becil.com

Please attach
recent
passport size
photograph

(REGISTRATION FORM)

(PLEASE FILL THIS FORM IN CAPITAL LETTERS ONLY)

Important: Please read the advertisement carefully before filling this form

1. Application for the post of: _____

2. Name - Mr. / Mrs. / Miss. (Please tick the appropriate)

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First Name

Middle Name

Last Name

3. Father's Name:

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4. Date of Birth: Day Month Year

5. Universal Account Number (UAN) or Previous PF Member ID (if any):

UAN No.											
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OR

Previous PF Member ID	Region Code	Office Code	Establishment ID	Extension	Account No.

6. Employee State Insurance No. (if any)

7. PAN No. (compulsory)

8. Aadhar No. (compulsory)

9. Category: General OBC SC ST PH Other

10. Marital Status: Married Unmarried

11. Nationality : _____ 12. Religion: _____

13. Contact Details:

PERMANENT ADDRESS	PRESENT ADDRESS
HOUSE NO.	HOUSE NO.
CITY :	CITY :
STATE :	STATE :
PIN :	PIN :
MOBILE :	MOBILE :
EMAIL :	EMAIL :

15. Educational/Professional Qualifications:

S. No.	Qualification	Details of Course	Board / University	Year of Passing	Percentage
1	X (10)				
2	XII (10+2)				
3	Graduation				
4	Post-Graduation				
5	Diploma				
6					
7					

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

S. No.	Organization	Designation	Duration		Brief Job profile
			From	To	
1.					
2.					
3.					
4.					

17. Total number of years of experience: _____

18. References

S.No.	Name	Address	Contact Number

19. If selected your preferences for location

1. _____ 2. _____ 3. _____ 4. Anywhere in India Yes No

20. 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 the form:

- i) Educational / Professional Certificates
- j) Birth Certificate
- k) Caste Certificate, if any.
- l) Work Experience Certificates
- m) PAN Card
- n) Aadhar Card
- o) Copy of EPF/ESIC Card (if already have)
- p) Police Verification (at the time of joining)

Signature _____

Date _____