

**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)*

- Application for the post of: \_\_\_\_\_
- Demand Draft Number: \_\_\_\_\_
- Candidate's Name - Mr.  Mrs.  Miss.  (Please tick the appropriate) \_\_\_\_\_
- Father's Name: \_\_\_\_\_
- Date of Birth:  Day  Month  Year
- Aadhar No. (Compulsory) \_\_\_\_\_
- Employee State Insurance No. (if any) \_\_\_\_\_
- PAN No. (Compulsory) \_\_\_\_\_
- Category: General  OBC  SC  ST  PH  EWS  OTHERS
- Marital Status: Married  Unmarried  Widow
- Nationality: \_\_\_\_\_ 11. Religion: \_\_\_\_\_
- Permanent Address (Capital Letters):  
\_\_\_\_\_  
\_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_
- Correspondence Address (Capital Letters):  
\_\_\_\_\_  
\_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_
- 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> & 12<sup>th</sup> Class Mark Statement
3. Caste Certificate, if any.
4. Work Experience Certificates
5. PAN Card and Aadhar Card copies
6. Copy of EPF/ESIC Card (Previous employer-if applicable)
7. Demand Drafts in favor of BECIL, Bangalore

(.....)  
Signature of Candidate with date