

APPLICATION FORM

(To be filled in block letters only)

Post Applied for	:			Affix recent passport
Location Applied for	:			size colour photograph
Walk-In Selection	:			here & sign across
Location	•			the photo.
1. Name of the Candida (As per SSLC / SSC Ce		n full:cate)		
2. Father's Name:				
3. Date of birth: (DD/MI	M/Y	YYY) Age :	_YY	MM (as on 01.08.2023)
4. Gender: (Ma	ıle /	Female / Others) 5. Category:	(GEN/	OBC / SC / ST / EWS)
6. Indicate (tick) if you a	re a	Person with Disability : OH / VH / HH. If ye	s, degree o	of disability %
7. Nationality :		8. Religion:		
9. AadharNumber :				
10. Correspondence Ad	dres	s:		
			PI	N Code:
		MobileNo.:		
11. E-mail Id :				
(All correspondence wil		made to this email id only)		

12. QUALIFICATION(from SSLC/SSC onwards):

Qualification	Discipline	Class Secured	Year of Passing	Institution where studied
10 th Standard				
12 th Standard / Diploma				
BE/B.Tech/B.ScEngg.				

13. CONVERSION OF QUALIFYING MARKS:

along with application form, compulsorily.

Qualification	All Semesters Maximum Marks	All Semesters Marks Obtained	Percentage (%)
Graduation in B.E / B.Tech / B.ScEngg. for the Post of Trainee Engineer / Project Engineer			

Note: The candidates, if their University / Institute following an evaluation systems like CGPA / DGPA / Grading System, have to convert the same to Percentage (%) as per their University formula and the same shall be indicated above. The conversion certificate issued by University / Institute is to be submitted

14. EXPERIENCE: (Post qualification experience & most recent to be mentioned first)

Name of the	Emplo det		Experience		Designation	Cost to the	Brief on duties & responsibilities /	
organization	From	То	Years Months		Designation	Company	projects handled (Use separate sheet for more details)	
Total Work Experience (YY MM)								

Note:

- 1. Teaching experience and Research fellowship experience will not be considered as 'Work Experience'.
- 2. The work experience declared by above will be considered as one of the parameter for short-listing for Personalinterview.

N. 1		Dalatinadii	D		D		CDIT/II		
Name		Relationship	delationship Designation Department			SBU/Unit			
17. FEE	PAYMENT DETAILS	S (IF APPLICABL	E)						
Challan	No.	Date of Payr	nent	Amour	nt				
18. The	following copies o	f the Certificate	s are to	heself-at	tested and atta	iched to	o the application in th		
	ng order:	The certificate	s are to	besen a	itested and atte	icrica c	o the application in th		
Sl.No.	Copies of Certific	cates				Yes /	No / Not Applicable		
01	Acknowledgeme	ent of Registrat	ion on (Google F	orms.				
02	SSLC/Matriculat								
03	BE/B.Tech/B.Sc	Degree Certi	ficate ,	/ Provis	sional Degree				
	Certificate.								
04	BE/B.Tech/B.Sc	Degree Mar	k shee	ets of	the all the				
	semesters.								
05	Conversion formula for conversion of CGPA / DGPA / OGPA								
	or letter grade								
	certified by the University/Institution, wherever applicable.								
06	Valid Caste Cert								
	(if belonging to EWS/OBC/SC/ST/PwBD).								
07	Proof of Identity- Aadhar/VoterID/Driving License/Any								
	other Govt. approved identity document.								
08	'No Objection Certificate' if employed in PSU / Government								
	/ Quasi Government and Public Sector undertakings.								
09	Experience Cert								
10	Two copies of recent passport size colour photographs.								
11	Any other Cert	tificates/Testin	nonials	desires	to be place	1			
	before the selec	•			,				

discovered that an attempt has been made by me to willfully conceal or misrepresent the facts stated

above, my candidature may be summarily rejected or my engagement be terminated.

Date: Place:

15. Have you appeared for any previous selections for Appointment in BEL / worked/working in BEL, if

so, please furnish the details in brief:

SIGNATURE OF THE CANDIDATE