

For office Use: Reg. No. _____ Dated: _____ Fee: _____



BROADCAST ENGINEERING CONSULTANTS INDIA LTD

(A Govt. of India Enterprise under Ministry of Information & Broadcasting)

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

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

Please attach recent passport size photograph

(REGISTRATION FORM)

(Please fill the details 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)

Grid for name entry

First Name

Middle Name

Last Name

3. Father's/Husband's Name (Please tick the appropriate):

Grid for father's/husband's name entry

4. Date of Birth: Day Month Year 5. AGE: _____

6. PAN No. (compulsory) _____

7. Aadhar No. (compulsory) _____

8. Category: General OBC SC/ST PH

9. Marital Status: Married Unmarried

10. Nationality: _____ 11. Religion: _____

12. Present Address for Communication (Capital Letters):

Grid for present address line 1

Grid for present address line 2

City

State

Grid for present address line 3

Pin Code _____

13. Permanent Address (if any):

Grid for permanent address line 1

Grid for permanent address line 2

City

State

Grid for permanent address line 3

Pin Code _____

14. E-Mail Address (Capital Letters):

Grid for e-mail address

Mobile No _____

Grid for mobile number

15. Educational/Professional Qualifications:

S. No.	Qualification	University / Institute / College	Year of Passing	Division/ Grade
1	Post-graduation			
2	Graduation			
3	XII			
4	X			
5	Diploma / ITI			
6				

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

S. No.	Organisation	Designation	Duration		Brief Profile
			From	To	
1					
2					
3					
4					
5					

17. Total years of experience: _____

18. If selected, preference for location 1. _____ 2. _____ 3. _____

19. References:

S.No.	Name	Address	Contact Number
1.			
2.			

20. Languages known other than Hindi /English (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 compulsorily:

1. Birth Certificate or 10th class certificate
2. Caste Certificate, if any.
3. Educational / Professional Certificates
4. Work Experience Certificates
5. PAN Card
6. Aadhar Card
7. Copy of EPF/ESIC Card (if already have)

Signature _____