For office Use:	Rea. No.	Dated	Fee	
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BROADCAST ENGINEERING CONSULTANTS INDIA LTD



Mobile No.1

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, hrsection@becil.com Website: www.becil.com

Please attach recent passport size photograph

(PECISTRATION FORM)

	(REGISTRATION FORM)
	p: Please read the details on prescribed educational, professional as well as experience requirements the various professionals before filling in the form)
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 Others
9.	Marital Status: Married Unmarried Widow
10.	Nationality: 11. Religion:
12.	Permanent Address (Capital Letters):
	City State
13.	Correspondence Address (Capital Letters):
	City State
	Pin Code
14.	E-Mail ID (Capital Letters):
	- man is (capital sector).

Mobile No.2

1/	Educationa	I/Drofessional	Qualifications
14.		11/F10165510Ha	i wuaiiiicauons

Examination Passed	Course Name & Board/University/Institute	Year of Passing	Total Marks	Marks Obtained	Percentage
10 th passed					
12 th passed					
Graduation					
Post-graduation					
Diploma					
	Passed 10 th passed 12 th passed Graduation Post-graduation	Passed 10 th passed 12 th passed Graduation Post-graduation	Passed Course Name & Board/University/Institute Passing 10 th passed 12 th passed Graduation Post-graduation	Passed Course Name & Board/University/Institute Passing Marks 10 th passed 12 th passed Graduation Post-graduation	Passed Course Name & Board/University/Institute Passing Marks Obtained 10 th passed

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

S.			Duration		
No.			From (DD/MM/YY)	To (DD/MM/YY)	
1.					
2.					
3.					
4.					
5.					

16.	Total	years of	f experier	ıce:					

17. References

S.No.	Name	Address	Contact Number

18. Languages known (Tick appropriate boxes)

	Read	Speak	vvrite
1.			
2.			
3.			

Note: Please attach self-attested photocopies of following documents with this form:

- Educational / Professional Certificates
 10th Certificate / Birth Certificate
 Caste Certificate, if any.
 Work Experience Certificates
 PAN Card
 Aadhar Card
 Copy of EPF/ESIC Card (if already have)

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