

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



BROADCAST ENGINEERING CONSULTANTS INDIA LTD

(A Govt. of India Enterprise)

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Please attach recent passport size 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)

1. Registration for the post of: PATIENT CARE MANAGER PATIENT CARE COORDINATOR

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

Grid for name entry: 20 columns

First Name

Middle Name

Last Name

3. Father's/Husband's Name:

Grid for father's/husband's name entry: 20 columns

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

6. Employee State Insurance No. (if any)

7. PAN No. (compulsory)

8. Aadhar No. (compulsory)

9. Category: General OBC SC/ST Others

10. Marital Status: Married Unmarried

11. Nationality : _____

12. Religion: _____

13. Address for Communication:

Grid for address line 1: 20 columns

Grid for address line 2: 20 columns

City

State

Grid for city/state entry: 20 columns

Pin Code

14. E-Mail Address (Capital Letters):

Grid for email address entry: 20 columns

Phone No.
(Prefix city Code

Mobile No

15. Educational/Professional Qualifications for the posts of PCM / PCC:

S. No.	Qualification	University / Institute / College	Year of Passing	Division/ Grade
1	Post-Graduate in Hospital Management (or Healthcare)			
2	Bachelors Degree in Life Sciences			
3	Bachelors Degree in any other relevant field			
4				

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

1.	Designation			
	Organization			
	Duration (DD/MM/YY)	From	To	
	Job profile			
2.	Designation			
	Organization			
	Duration (DD/MM/YY)	From	To	
	Job profile			

17. Total years of experience: _____

18. References:

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

19. 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:

- a) Educational / Professional Certificates
- b) Birth Certificate
- c) Caste Certificate, if any.
- d) Work Experience Certificates
- e) PAN Card
- f) Aadhar Card
- g) Copy of EPF/ESIC Card (if already have)

Signature _____