

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

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](mailto:contactus@becil.com) Website: [www.becil.com](http://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)

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First Name

Middle Name

Last Name

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

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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):

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City State

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Pin Code

13. Permanent Address (if any):

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City State

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Pin Code

14. E-Mail Address (Capital Letters):

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Mobile No

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**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 10<sup>th</sup> 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 \_\_\_\_\_