

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 with columns for First Name, Middle Name, and Last Name.

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: \_\_\_\_\_

13. Present Address for Communication:

Grid for present address line 1.

Grid for present address line 2.

City

State

Grid for present address line 3.

Pin Code

12. 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

13. E-Mail Address (Capital Letters):

Grid for e-mail address.

14. 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	B.Sc. in Life Sciences			
3	Graduation in any 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 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 the form (compulsory):

- 1) Birth Certificate or 10<sup>th</sup> pass 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 \_\_\_\_\_