Advertisement No):
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For office Use: Reg. No.	Dated:	Fee:	



BROADCAST ENGINEERING CONSULTANTS INDIA LTD

(A Govt. of India Enterprise)

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

Website: www.becil.com

Please attach recent passport size Color 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) (FILLED FORM IN ONLY CAPITAL LETTERS)

1.	Application for the post of:
2.	Candidate's Name - Mr.□ Mrs.□ Miss.□ (Please tick the appropriate)
۷.	Candidate's Name - Mr. Miss. Miss. (Flease 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 EWS 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):
	Mobile No.1 Mobile No.2

14	Educationa	I/Professional	Qualifications

14.	4. Educational/Professional Qualifications:						
S. No.	Examination Passed	Course Name &	Board/University/Institute	Year of Passing	Total Marks	Marks Obtained	Percentage
1	10 th passed						
2	12 th passed						
3	Graduation						
4	Post-graduation						
5	Diploma						
6	Others (if any)						
15. Work Experience (add separate sheet if required):							
S.	Oran	nization Decignation		<u> </u>	Duration		
No	o. Orga	nization	Designation			om _{W/YYYY)}	To (DD/MM/YYYY)

4	Post-graduation								
5	Diploma								
6	Others (if any)								
15.	15. Work Experience (add separate sheet if required):								
S. No		Designation	Designation		Duration From To (DD/MWYYYY) (DD/MWYYY				
1.									
2.									
3.									
4.									
5.									
16. Total years of experience:									
	References								
S.N	o. Name	Address	Address		Contact Number				
18. Languages known (Tick appropriate boxes)									
-	Read	Speak Write							
	1								
	2								
	3								
Note: Please attach self-attested photocopies of following documents with this form:									

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

- 1. Educational / Professional Certificates
- 10th Certificate / Birth Certificate
 Caste Certificate, if any.
 Work Experience Certificates
 PAN Card

- 6. Aadhar Card7. Copy of EPF/ESIC Card (Pervious employer-if applicable)

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Signature of Candidate with dat	е