

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 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)

Grid for candidate's name: 20 empty boxes.

3. Father's Name:

Grid for father's name: 20 empty boxes.

4. Date of Birth:  Day  Month  Year

5. Aadhar No. (Compulsory)

Input field for Aadhar No.

6. Employee State Insurance No. (if any)

Input field for Employee State Insurance No.

7. PAN No. (Compulsory)

Input field for PAN No.

8. Category: General  OBC  SC  ST  PH  EWS  OTHERS

9. Marital Status: Married  Unmarried  Widow

10. Nationality: \_\_\_\_\_ 11. Religion: \_\_\_\_\_

12. Permanent Address (Capital Letters):

Grid for permanent address line 1: 20 empty boxes.

Grid for permanent address line 2: 20 empty boxes.

City

State

Grid for permanent address line 3: 20 empty boxes.

Pin Code

Grid for pin code: 6 empty boxes.

13. Correspondence Address (Capital Letters):

Grid for correspondence address line 1: 20 empty boxes.

Grid for correspondence address line 2: 20 empty boxes.

City

State

Grid for correspondence address line 3: 20 empty boxes.

Pin Code

Grid for pin code: 6 empty boxes.

14. E-Mail ID (Capital Letters):

Grid for e-mail ID: 20 empty boxes.

Mobile No.1

Grid for mobile no. 1: 10 empty boxes.

Mobile No.2

Grid for mobile no. 2: 10 empty boxes.

14. Educational/Professional Qualifications:

| S. No. | Examination Passed      | Course Name & Board/University/Institute | Year of Passing | Total Marks | Marks Obtained | Percentage |
|--------|-------------------------|------------------------------------------|-----------------|-------------|----------------|------------|
| 1      | 10 <sup>th</sup> passed |                                          |                 |             |                |            |
| 2      | 12 <sup>th</sup> passed |                                          |                 |             |                |            |
| 3      | Graduation              |                                          |                 |             |                |            |
| 4      | Post-graduation         |                                          |                 |             |                |            |
| 5      | Diploma                 |                                          |                 |             |                |            |
| 6      | Others (if any)         |                                          |                 |             |                |            |

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

| S. No. | Organization | Designation | Duration             |                    |
|--------|--------------|-------------|----------------------|--------------------|
|        |              |             | From<br>(DD/MM/YYYY) | To<br>(DD/MM/YYYY) |
| 1.     |              |             |                      |                    |
| 2.     |              |             |                      |                    |
| 3.     |              |             |                      |                    |
| 4.     |              |             |                      |                    |
| 5.     |              |             |                      |                    |

16. Total years of experience: \_\_\_\_\_

17. References

| S.No. | Name | Address | Contact Number |
|-------|------|---------|----------------|
|       |      |         |                |
|       |      |         |                |

18. 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 this form:

1. Educational / Professional Certificates
2. 10<sup>th</sup> Certificate / Birth Certificate
3. Caste Certificate, if any.
4. Work Experience Certificates
5. PAN Card
6. Aadhar Card
7. Copy of EPF/ESIC Card (Pervious employer-if applicable)

(.....)  
Signature of Candidate with date