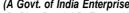
For office Use:	Reg. No.	Dated:	Fee:

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

E_Mail: contactus@becil.com Website: www.becil.com Please attach recent passport size photograph

(DECISTRATION FORM)

	(PLEASE FILL THIS FORM IN CAPITAL LETTERS ONLY) Important: Please read the advertisement carefully before filling this form)						
	important. Flease lead the duvertise	ment carefully before miling ans form)					
1.	Application for the post of:						
2.	Name - Mr. / Mrs. / Miss. (Please tick the appropriate)						
	First Name Middle Name	Last Name					
3.	Father's Name:						
4.	Date of Birth: Day Month	Year					
5.	Universal Account Number (UAN) or Previous PF Me	ember ID (if any):					
	UAN No.						
	C	DR .					
	Previous PF Region Code Office Code Member ID	Establishment ID Extension Account No.					
6.	Employee State Insurance No. (if any)						
7.	PAN No. (compulsory)						
8.	Aadhar No. (compulsory)						
9.	Category: General OBC SC	ST PH Other					
10. Marital Status: Married Unmarried							
11.	Nationality :	12. Religion:					
13.	Contact Details:						
PE	PERMANENT ADDRESS PRESENT ADDRESS						
НО	USE NO.	HOUSE NO.					
CIT	Y:	CITY:					
ST	ATE:	STATE:					
PIN	:	PIN:					
МО	BILE :	MOBILE:					
EM	AIL:	EMAIL:					

15	Educations	al/Professional	I Qualifications

Signature____

		.ooo.onar quamioa							
S. No.	Qualification	ualification Details of Course		Board / University			Year of Passing	Percentage	
1	X (10)								
2	XII (10+2)								
3	Graduation								
4	Post-Graduation								
5	Diploma								
6									
7									
16. Work Experience (add separate sheet if required):									
S. No.	Orga	Organization		Designation		Duration From To		Brief Job profile	
1.									
2.									
3.									
4.									
17. Total number of years of experience: 18. References									
S.N	lo.	Name			Address		Contact Number		
19. If selected your preferences for location 1 2 3 4. Anywhere in India Yes No									
20. Languages known (Tick appropriate boxes)									
		Read	Speak		Write				
	1								
	2								
	3	- ⊔							
Note: Please attach self attested photocopies of following documents with the form: i) Educational / Professional Certificates j) Birth Certificate k) Caste Certificate, if any. l) Work Experience Certificates m) PAN Card n) Aadhar Card o) Copy of EPF/ESIC Card (if already have) p) Police Verification (at the time of joining)									

Date ____