For office	Use: R	ea. No.	Dated:	Fee:	

BROADCAST ENGINEERING CONSULTANTS INDIA LTD



(Prefix city)
Code

(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

(REGISTRATION FORM FOR PROFESSIONALS)

(Imp: Please read the details on prescribed educational, professional as well as experience requirements for the various professionals before filling in the form) 1. Application for Registration for the post of 2. Name - Mr. / Mrs. / Miss. (Please tick the appropriate) **First Name** Middle Name **Last Name** Father's/Husband's Name **Date of Birth** Day Month 5. The details of the Universal Account Number (UAN) or Previous PF Member ID (if any): UAN No. OR **Previous PF Region Code** Office Code **Establishment ID Extension** Account No. **Member ID** 6. **Employee State Insurance No. (if any)** 7. PAN No. (If any) **OBC** SC/ST **Others** Category General **Address for Communication** State Pin Code 10. E_Mail Address (Capital Letters) Phone No. **Mobile No**

11. Ed	ducational/Professiona	l Qualification	ons				1	
S.No.	Examination Passed	Name of S	Name of School/ College/University			ear of Passing	Division/Grade	
	Graduation							
2	XII / HSC							
3	X / SSC							
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5								
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5.No.			Designation		ion To	<u> </u>	pb profile	
	otal years of experience eferences	e:						
5	S.No. Nam	е	Address			Contact Number		
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3.]						
4.]						
7. Hc	ow did you learn about	BECIL						
	Website	Advertise	ment	Training Ins	titutes	Others	5	
lote:	Please provide self att	ested photo	copies of follow	ing document	s			
[a) Educational / Profe b) Date of Birth Certi c) Experience Certifi d) PAN Card e) Aadhar Card f) EPF/ESIC Card (if	ficate cates	rtificates					

Date _____

Signature _____