

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



BROADCAST ENGINEERING CONSULTANTS INDIA LTD

(A Govt. of India Enterprise)

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Corporate Office: BECIL Bhawan, C-56, A/17, Sector-62, Noida – 201307 Uttar Pradesh

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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)

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First Name

Middle Name

Last Name

3. Father's/Husband's Name (Please tick the appropriate):

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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:

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City

State

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Pin Code

12. Permanent Address (if any):

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City

State

--

Pin Code

13. E-Mail Address (Capital Letters):

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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 10th 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 _____