



**BECIL**  
बेसिल

**(A Govt. of India Enterprise)**

**Tel : + 91(11) 23378823-25, Fax No. + 91(11) 23379885**

**Tel: 0120-4177850 Fax : 0120-4177879**

**(REGISTRATION FORM)**

Please attach  
recent passport  
size  
photograph

***(Imp: Please read the details on prescribed educational, professional as well as experience requirements for the various professionals before filling in the form)***

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- [illegible]

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- [illegible]

- Pin Code
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- [illegible]

- Mobile No.1**

- [illegible]

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**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						

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

S. No.	Designation	Organization	Duration	
			From (DD/MM/YY)	To (DD/MM/YY)
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 (if already have)

**Signature** \_\_\_\_\_