



**BHARAT ELECTRONICS LIMITED- MACHILIPATNAM**  
(A Govt. of India Enterprise under the Ministry of Defence)

**APPLICATION FORM FOR TRAINEE ENGINEER**  
(TO BE FILLED IN CAPITAL LETTERS ONLY)

Affix recent  
passport size  
photograph  
here and sign  
across the  
photo

Discipline (Tick whichever is applicable)

- Electronics
- Mechanical
- Computer Science
- Civil

1. Name of the candidate: .....

2. Father's name: .....

3. Date of Birth (DD/MM/YYYY): .....

a) Age as on 01.01.2020: ..... years ..... months ..... days

4. Gender: .....

5. Nationality: .....

6. Religion (Please specify): .....

7. Category: ..... (GENERAL / EWS / OBC / SC / ST / PWD)

8. Marital status: .....

9. Contact details:

<p>a) PERMANENT ADDRESS</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>PIN CODE: .....</p>	<p>b) CORRESPONDENCE ADDRESS</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>PIN CODE: .....</p>
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c) Telephone No.: .....

d) Mobile No.: .....

e) Email ID: .....

10. Educational / Professional qualifications:

Examination	University / Board	Year of Passing	Duration	Discipline	Percentage/ class secured

11. Work experience (Start with current Job)

Name of the organization	From	To	Designation	Nature of the work	Last salary drawn

12. Areas of technical knowledge: .....

.....

13. Whether any of your relatives employed in BEL? : ..... (YES/NO)

If yes, please provide the following information:

- a) Name: ..... b) Staff No.: .....
- c) Designation: ..... d) Department: .....
- e) Unit: ..... f) Relationship: .....

14. In the past, have you applied for any post in BEL? : ..... (YES/NO)

If yes, please give details:

- a) Name of the post applied: ..... b) Year applied: .....

15. Details of payment (for General / EWS / OBC)

- a) Reference No: ..... b) Date of payment:.....

UNDERTAKING

I hereby solemnly affirm that whatever information, that has been given above is true and correct to the best of my knowledge and belief. I further state that if at any stage, it is discovered that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may summarily be rejected, or if employed, my employment be terminated.

Place:

Signature of the Applicant

Date:

**Annexure**

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES  
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kumari \_\_\_\_\_son/daughter of \_\_\_\_\_ of village/town \_\_\_\_\_ in District/Division \_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ belongs to the \_\_\_\_\_ community which is recognised as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No. \_\_\_\_\_ dated \_\_\_\_\_. \* Shri/Smt./Kumari \_\_\_\_\_ and /or his/her family ordinarily reside(s) in the \_\_\_\_\_ District/Division of the \_\_\_\_\_ State/Union Territory. This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 8.9.1993\*\*.

District Magistrate  
Deputy Commissioner etc.

Dated:

Seal

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\*- The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

\*\* - As amended from time to time.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

## PRESCRIBED PROFORMAE

### Performa-I

#### **The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India**

This is to certify that Shri/Shrimati/Kumari\*.....  
son/daughter\* of ..... of village/town\*  
..... in District/Division\* ..... of the  
State/Union Territory\* ..... belongs to the..... caste/tribe\* which is  
recognised as a Scheduled Caste/Scheduled Tribe\* under:—

- @ The Constitution (Scheduled Castes) Order, 1950
- @ The Constitution (Scheduled Tribes) Order, 1950
- @ The Constitution (Scheduled Castes) Union Territories Order, 1951
- @ The Constitution (Scheduled Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956; the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

- @ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
- @ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962
- @ The Constitution (Pondicherry) Scheduled Castes Order, 1964
- @ The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
- @ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
- @ The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
- @ The Constitution (Nagaland) Scheduled Tribes Order, 1970
- @ The Constitution (Sikkim) Scheduled Castes Order, 1978
- @ The Constitution (Sikkim) Scheduled Tribes Order, 1978
- @ The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989
- @ The Constitution (SC) Order (Amendment) Act, 1990
- @ The Constitution (ST) Order (Amendment) Act, 1991
- @ The Constitution (ST) Order (Second Amendment) Act, 1991
- @ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes certificate issued to Shri/Shrimati\*..... Father/Mother of Shri/Shrimati/Kumari ..... of village/town\* ..... in District/Division\*..... of the State/Union Territory\*..... who belongs to the caste/tribe\* which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory\* of ..... issued by the ..... dated .....

% 3. Shri/Shrimati/Kumari\*..... and/or\* his/her\* family ordinarily resides in village/town\*..... of..... District/Division\* of the State/Union Territory\* of.....

Signature.....  
\*\*Designation.....

(With Seal of Office)  
State/Union Territory\*

Place: .....

Date: .....

\*Please delete the words which are not applicable.

@Please quote specific Presidential Order.

% Delete the paragraph which is not applicable.

NOTE: The term “ordinarily reside (s)” used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

\*\*List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/† Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.  
†(not below of the rank of 1st Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
- (v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)

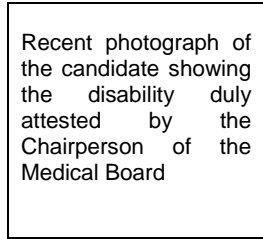
ANNEXURE – I

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL :

Certificate No.

Date :

DISABILITY CERTIFICATE



This is certified that Shri/Smt/Kum.....Son/wife/daughter of Shri ..... age..... sex .....identification mark(s) .....is suffering from permanent disability of following category :

1.

A. Locomotor or cerebral palsy :

- (i) BL-Both legs affected but not arms
(ii) BA-Both arms affected (a) Impaired reach (b) Weakness of grip
(iii) BLA-Both legs and both arms affected
(iv) OL – One leg affected (right or left) (a) Impaired reach (b) Weakness of grip (c) Ataxic
(v) OA – One arm affected (a) Impaired reach (b) Weakness of grip (c) Ataxic
(vi) BH – Stiff back and hips (can not sit or stoop)
(vii) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision

- (i) B-Blind
(ii) PB – Partially Blind

C. Hearing impairment :

- (i) D-Deaf
(ii) PD-Partially Deaf

(Delete the category whichever is not applicable)

2. This condition is progressive/non progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of .....years.....months\*.

3. Percentage of disability is his/her case is .... percent.

4. Shri/Smt./Kum.....meets the following physical requirements for discharge of his/her duties.

- (i) F-can perform work by manipulating with fingers Yes/No
(ii) PP-can perform work by pulling and pushing Yes/No
(iii) L-can perform work by lifting Yes/No
(iv) KC-can perform work by kneeling and crouching Yes/No
(v) B-can perform work by bending Yes/No
(vi) S-can perform work by sitting Yes/No
(vii) ST-can perform work by standing Yes/No
(viii) W-can perform work by walking Yes/No
(ix) SE-can perform work by seeing Yes/No
(x) H-can perform work by hearing/speaking Yes/No
(xi) RW-can perform work by reading and writing Yes/No

(Dr.....) Member Medical Board

(Dr.....) Member Medical Board

(Dr.....) Chairperson Medical Board

Countersigned by the Medical Superintendent/CMO/Head of Hospital (with seal)

\*strike out whichever is not applicable.

**Proforma-IX**

**Government of.....**

**(Name & Address of the authority issuing the certificate)**

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY  
ECONOMICALLY WEAKER SECTIONS**

Certificate No.....

Date:.....

VALID FOR THE YEAR .....

This is to certify that Shri/Smt./Kumari .....  
son/daughter/wife of ..... permanent resident of,  
..... Village/Street, ..... Post Office,  
.....District..... in the State/Union  
Territory..... Pin Code.....whose photograph  
is attested below belongs to Economically Weaker Sections, since  
the gross annual income\* of his/her family\*\* is below Rs. 8 lakh  
(Rupees Eight Lakh only) for the financial year ..... His/her  
family does not own or possess any of the following assets\*\*\* :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

2. Shri/Smt./Kumari ..... belongs to the .....  
caste which is not recognized as a Scheduled Caste, Scheduled  
Tribe and Other Backward Classes (Central List).

Signature with seal of Office.....

Name.....

Designation.....

Recent  
passport size  
attested  
photograph of  
the applicant

**\*Note 1:** Income covered all sources i.e. salary, agriculture, business, profession, etc.

**\*\*Note 2:** The term '**Family**' for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

**\*\*\*Note 3:** The property held by a 'Family' in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

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