

BHARAT ELECTRONICS LIMITED

(PERSONAL PARTICULARS FORM)

Affix your
Photograph

Post applied for: MEDICAL OFFICE/E-II (GHAZIABAD UNIT)

1. Name in full : (Mr./Ms.) :
(As per SSLC certificate)
2. Age & Date of birth :
3. Sex: M/F :
4. Father's Name :
5. Nationality :
6. Category-GEN/OBC/SC/ST :
(Enclose Certificate in the prescribed format)
7. a) Indicate if you are a Person with Disability :
If yes, indicate nature of Disability.
(Disability certificate in the prescribed format to be enclosed)
- b) Degree of disability as indicated in the Certificate :
8. Religion: Hindu/Muslim/Christian/Sikh/ :
Neo-Buddhist/ Zorastrian, others (please specify)
9. a) Hobbies/ Special Interests :
b) Whether participated in NCC/Scouts/Cultural activities/Debate/
Competition/Sports etc.(Please specify) :
10. (a) Qualification (Academic/Professional) :
(Indicate division & year of passing)

OH	VH	HH

Educational Status from SSLC onwards	Institution/University	Main subject	Class Secured	Year of Passing

*Candidates in final semester of BE/B.Tech may please indicate probable date of final semester results/Marks Cards and Provisional Degree Certificate.

11 (b) Work Experience

Sl No	Name of the Organization	From	to	Designation	Pay details	Details of responsibilities in brief
1						
2						
3						

11. Details of relatives employed in BEL, if any

- a) Name :
- b) Relationship :
- c) Designation :
- d) Department :
- e) Unit :

12. Payment Reference No. :

13. Address with Pin Code

a) Permanent Address

b) Correspondence Address

Phone No:

Phone No:

b) e-mail id :

d) Mobile Ph No :

14. Undertaking

I affirm that the information given above is true and correct. I further declare that if any at stage it is discovered that an attempt has been made by me to willfully conceal or mis-represent facts, my candidature may be summarily rejected or may employment terminated.

SIGNATURE OF THE CANDIDATE

Date:

Place: