



Affix your  
Photogra

**BHARAT ELECTRONICS LIMITED  
PUNE UNIT  
(PERSONAL PARTICULARS FORM)**

**POST : Fixed Term**

1. Name in full : (Mr./Ms.) :  
(As per SSLC certificate)
2. Age & Date of birth :  
(as on 01.07.2017)
3. Sex: M/F :
4. Father's Name :
5. Nationality :
6. Address with Pin Code  
a) Permanent Address c) Correspondence Address

Phone No:

Phone No:

b) e-mail id :

d) Mobile Ph No :

7. Category-GEN/OBC/SC/ST :  
(Enclose Certificate in the prescribed format)

8. a) Indicate if you are a Person with Disability :  
If yes, indicate nature of Disability.  
(Disability certificate in the prescribed format to be enclosed)

|    |    |    |
|----|----|----|
| OH | VH | HH |
|----|----|----|

- b) Degree of disability as indicated in the Certificate :

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

9. Religion: Hindu/Muslim/Christian/Sikh/ :  
Neo-Buddhist/ Zoroastrian, others (please specify)

10. a) Hobbies/ Special Interests :

- b) Whether participated in NCC/Scouts/Cultural activities/Debate/  
Competition/Sports etc.(Please specify) :

11. Qualification (Academic/Professional) :  
(Indicate division and year of passing)

| Educational Status from SSLC | Institute/University | Main Subject/s | Aggregate % | Class Secured | Year of Passing |
|------------------------------|----------------------|----------------|-------------|---------------|-----------------|
|                              |                      |                |             |               |                 |
|                              |                      |                |             |               |                 |
|                              |                      |                |             |               |                 |
|                              |                      |                |             |               |                 |
|                              |                      |                |             |               |                 |

12. Work Experience ( If any) : (Attach separate sheet, if required)

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

13. Details of relatives employed in BEL, if any

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

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 wilfully conceal or mis-represent facts, my candidature may be summarily rejected or may employment terminated.

SIGNATURE OF THE CANDIDATE

Date:

Place: