

BHARAT ELECTRONICS LIMITED

Jalahalli Post, Bengaluru – 560 013

Affix recent passport size colour photograph signed by the candidate. Do not use stapler or pin.

1. Name of the Post applied for: Havildar – (Se	curity) at Vellore Facility							
2. Name of the candidate in full :								
3. Father's Name :								
4. Date of birth:	5. Age (as on 01.07.2024):							
6. Gender :	Gender: 7. Marital Status:							
8. Nationality:	9. Religion							
10. Do you belong to UR/OBC/SC/ST:								
If yes type of disability (OH/HH/VH)	: Yes / No : Percentage of disability							
12. Address: PERMANENT	CORRESPONDENCE							
PH.NO. Email address:	PH.NO: Email address:							
Email address to be written in Capital letters and in part of your email id.	a specify in writing if zero 0 or alphabet 0 is							
12 Places energify the following details								
13. Please specify the following details:								
a) Are you Ex-Servicemen	: Yes / No							
	: Yes / No :							
a) Are you Ex-Servicemen								
a) Are you Ex-Servicemenb) Worked in (Army/Navy/Airforce)	:							
a) Are you Ex-Servicemenb) Worked in (Army/Navy/Airforce)c) Service No.	: :							
a) Are you Ex-Servicemenb) Worked in (Army/Navy/Airforce)c) Service No.d) Date of joining Service	: : :							
 a) Are you Ex-Servicemen b) Worked in (Army/Navy/Airforce) c) Service No. d) Date of joining Service e) Rank at the time of joining 	:: :: ::							
 a) Are you Ex-Servicemen b) Worked in (Army/Navy/Airforce) c) Service No. d) Date of joining Service e) Rank at the time of joining f) Date of Discharge from Service 	:							
 a) Are you Ex-Servicemen b) Worked in (Army/Navy/Airforce) c) Service No. d) Date of joining Service e) Rank at the time of joining f) Date of Discharge from Service g) Rank at the time of discharge 	:							
 a) Are you Ex-Servicemen b) Worked in (Army/Navy/Airforce) c) Service No. d) Date of joining Service e) Rank at the time of joining f) Date of Discharge from Service g) Rank at the time of discharge h) Corps 	:							

14. QUALIFICATION (Fro	om SSLC onwards):
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Qualification	Institute/ University	Percentage / Class secured	Year of passing	Discipline
SSLC				
12 th Class				
Graduation				
Others				
Omers				

15. EXPERIENCE DETAILS (Start with the Existing):

Please attach a separate sheet giving a brief about your duties & responsibilities handled by you.

Name of the Armed Forces	Service details (Period)		No of Years of	Rank /	Salary	Area /	Reason for
/ Name of Company / Institution	From	То	Experience (YYMM)	Position Held	Drawn	Departments worked in	leaving

16.	Are	you	presently	working in a	Government/	Quasi//PS	U/Private:	Yes /	'INC
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Name	Designation	Department	Unit	Relationship

- 19. Have you appeared for any previous selection for Appointment in BEL? If so, please furnish details in brief:
- 20. Have you applied for any other posts other than BEL? If so, please furnish details in brief:

21. Languages Known(Please Tick the Appropriate Box):

Sl. No.	Language Name	Read	Write	Speak
1				
2				
3				
4				
5				
6				
7				

22. Tick the photocopies of the documents enclosed:

DOCUMENTS	TICK THE BOX	REMARKS (For Office Use only)
2 Recent colour passport size photographs.		
Government photo ID Proof – Aadhar Card / PAN Card / Driving License / Passport		
SSLC marks card and any other valid document as proof of date of birth.		
Degree Marks Sheets of each Semester, if any		
Final Degree Certificate, if any		
OBC (NCL) certificate in the prescribed format (OBC certificate issued on or after 01.07.2023. Income certificate will not be considered as valid OBC Certificate.)		
No Objection Certificate from the present employer (if employed in Govt/Quasi Govt/PSU) if applicable		
Experience Certificate / Discharge book		

DOCUMENTS	TICK THE BOX	REMARKS (For Office Use only)
Presently employed in the Armed Forces and yet to be discharged		
- Documentary proof in support of their		
Medical Category - (Shape-I) – Yes / No		
Service Record - Exemplary / Very Good		
Probable date of discharge -		
Discharge book issued by the Indian Armed Forces-Army, Navy, Air force clearly indicating the following –		
Medical category – (Shape-I) – Yes / No		
Date of discharge –		
Service Record - Exemplary / Very Good		
Document of Registration at District Sainik Welfare Board, Tamil Nadu		

UNDERTAKING

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

SIGNA	ATURE	OF	THE	CAN	DID	ATE

Date:	
Place :	