

QUALITY. TECHNOLOGY. INNOVATION.

BHARAT ELECTRONICS LIMITED KOTDWARA – 246149 DISTT: PAURI GARHWAL (UTTARAKHAND) (A GOVERNMENT OF INDIA ENTERPRISE UNDER THE MINISTRY OF DEFENCE) (All PARTICULARS SHALL FILLED ONLY IN CAPITAL LETTERS)

APPLICATION FORM THE POST OF.....

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1.	Name in full: (Mr./Ms.) (As per SSLC certificate)			π.	fix the		
2.	Age(As on 01.06.2025)			ь			
3.	Date of Birth: and across			cross t	he		
4.	Gender: Male/Female:						
5.	Father's Name:						
6.	Nationality:						
7.	Category:	GEN/SC/ST/OBC-NCL/EW	S/PwBD				
	(Enclose Certificate in the prescribed format)						
8.	Whether Physically Chall	enged: YES/NO	()	ОН	VH	нн	
9.	9. If yes, indicate nature of Disability:						
	(Disability certificate in the prescribed format to be enclosed)						
10.	0. Religion: Hindu/Muslim/Christian/Sikh/Neo-Buddhist/						
Zorastrian, others (please specify):							
11.	Marital Status:						
12.	Others:						
	a) Hobbies/Special Interests:						
	b) Whether participated in NCC/Scouts/Cultural						
	activities/Debate/Competition/Sports etc. (Please specify):						

13. Qualification (Academic /Professional):

S.N.	EDUCATION	INSTITUTION	MAIN SUBJECT	CGPA / %	YEAR OF PASSING
1	SSLC				
2	12TH				
3	B.SC (ENGG) / BE / B.TECH				
4	OTHER				

14. Experience	(Start with cu	rrent engagement):
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COMPANY	DESIGNATION	FROM DD/MM/YY	TO DD/MM/YY	DURATION OF WORK	NATURE OF WORK	SALARY
TOTAL EXPERIENCE (As on 01.06.2025)						1

Enclose separate sheet if required.

15. Details of relative employed in BEL, if any:

a)	Name :		
b)	Relationship:		
c)	Designation	:	
d)	Department	<u>:</u>	
e)	Unit	<i>i</i>	
a) Permanent Address			b) Correspondence Address
Distri	ct :	I	District :
State	:	s	tate :
Pin C	ode :	I	'in Code:

c) Mobile No.: -

d) E-mail id: -

17. Payment receipt No. (SBI Collect reference).....

18. 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 my employment terminated.

SIGNATURE OF THE CANDIDATE

Place:

Date

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