

BHARAT ELECTRONICS LIMITED

APPLICATION FOR THE POST OF SENIOR ASSISTANT FACILITY OFFICER E-I

Instructions: TO BE FILLED IN BLOCK LETTERS.

Affix your
Recent Colour
Photograph and
Sign Across the
Photo

1. Full Name : (Mr./Ms.) : _____
(As per SSLC certificate)
2. Father's Name : _____
3. Date of Birth (DD/MM/YYYY) : _____ Age: ____YY____MM (As on 01.01.2024)
4. Gender : Male/ Female/ Others
5. Nationality : _____
6. Category (General / OBC / SC / ST/ EWS) : _____
(Enclose Certificate in the prescribed format)
7. a) Indicate if you are a Person with Disability : Yes No
If yes, indicate nature of Disability. _____
(Enclose Disability certificate in the prescribed format)
- b) Degree of disability as indicated in the Certificate : _____
8. Religion: Hindu/Muslim/Christian/Sikh/Neo-Buddhist/ Zoroastrian/ Others (Please specify)
9. (a) Qualification (Indicate division & year of passing)

Education (SSLC onwards)	Institution/University	Main Subjects Studied	Class/ Division	Grade/ % of Marks	Year of Passing
10 th					
12 th					

10. Work Experience (As on 01.01.2024)

- I. Name of the Defence forces/ Paramilitary organization served: Army/ Air Force/ Navy/
Others (Please specify) : _____
- II. Date of Joining Defence forces/ Paramilitary organization : _____
- III. Date of Discharge from Defence forces/ Paramilitary organization : _____
- IV. Total Service in Defence forces/ Paramilitary organization : _____
- V. Rank at the time of Discharge from Defence forces/ Paramilitary organization:

- VI. Last Pay Drawn : _____
- VII. Medical Category : _____
- VIII. Trade : _____
- IX. Any Other Work Experience

Name of the Organization	Employment Details		Experience		Designation	Cost to Company (In Rs.)	Details of responsibilities in brief
	From	To	Years	Months			
Total Work Experience (in Years and Months)							

11. Details of relatives employed in BEL, if any

Name	Relationship	Designation	Department	Unit

12. Address with Pin Code
a) Permanent Address

Pincode: _____

b) Correspondence Address

Pincode: _____

c) E-mail ID (in BLOCK LETTERS) : _____

(All correspondence will be made to this email id only)

d) Mobile No. : _____

13. Undertaking

I hereby declare that I have never sought any relaxation under DGR rules after discharge from for employment. After discharge from _____ I have worked in the following organizations indicated at Sl. 10.X above.

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. In the event, the information is found to be false or incorrect; my candidature may be terminated without notice. 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 and no appeal in this regard shall be entertained.

Date:

SIGNATURE OF THE CANDIDATE

Place:

Checklist of attached documents

Sl. No.	Copies of Certificates	Yes/ No/ Not Applicable
1.	SSC/SSLC Marks Card as proof of Age	
2.	Final Degree Certificate of qualifications	
3.	Copy of discharge book (All pages)	
4.	Other relevant Experience Certificates	
5.	No Objection Certificate from current employer, if applicable	
6.	Any other certificates / testimonials (if any, may be attached)	