



BROADCAST ENGINEERING CONSULTANTS INDIA LIMITED

(A Government of India Enterprise under Ministry of Information & Broadcasting)
(A Mini Ratna Company)

Head Office: 14-B, Ring Road, I.P. Estate, New Delhi-110002, Phone: 011-23378823

Corporate Office: BECIL Bhawan, C-56/A-17, Sector-62, Noida-201307

Phone: 0120-4177850 / 4177860 **Fax:** 0120-4177879 **Website:** www.becil.com

VACANCY ADVERTISEMENT NO. 140 (WALK-IN INTERACTION)

BECIL invites interested Candidates to attend Walk-in Interview/interaction in the office of Chittaranjan National Cancer Institute (CNCI), Kolkata as per details given.

S. No.	Post/ Requirement	Qualification	Monthly Remuneration	Date / time / Venue of Interview/interaction
1	Sr. Nursing Staff (05)	<ul style="list-style-type: none"> Diploma in Nursing General Nursing Midwifery (GNM) with minimum 10 years of experience in NABH accredited Hospital Should be Registered with Nursing Council <p>Desirable: Preference will be given to B.Sc./M.Sc. degree holder. Age Limit: Up to 45 years</p>	Rs.50,000/-	<p>Date: 07th June, 2022</p> <p>Reporting Time: at 10:30 am</p> <p>Venue: Chittaranjan National Cancer Institute (CNCI) Kolkata, Street No.299, DJ Block, Action Area-1, Newtown, Kolkata-700156</p>
2	Staff Nurse (15)	<ul style="list-style-type: none"> Diploma in Nursing General Nursing Midwifery (GNM) Should be Registered with Nursing Council <p>Desirable: Preference will be given to B.Sc./M.Sc. degree holder. Fresher may also apply Age Limit: Up to 30 years</p>	Rs.30,000/-	<p>Date: 09th June, 2022</p> <p>Reporting Time: at 10:30 am</p> <p>Venue: Chittaranjan National Cancer Institute (CNCI) Kolkata, Street No.299, DJ Block, Action Area-1, Newtown, Kolkata-700156</p>

- Selection will be made as per the prescribed norms and requirement of the job.
- No TA/DA will be paid for attending the interaction/interview/ joining the duty on selection.
- Preference will be given to those candidates who are already working in the same/similar department.
- Candidates are requested to fill the Registration Form (copy enclosed) and submit the same at the time of interaction/interview along with following documents:
 - Educational / Professional Certificates
 - Birth Certificate
 - Caste Certificate, if any.
 - Work Experience Certificates
 - PAN Card
 - Aadhar Card
 - Copy of EPF/ESIC Card (if already have)
 - Police Verification (at the time of joining)

In case of any query/help please email at: sanyogita@becil.com OR Call : [0120-4177860](tel:0120-4177860)

Sd/-
Ved Prakash Gupta
Deputy General Manager (Project/BD)



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(A Govt. of India Enterprise)

Head Office: 14-B, Ring Road, I.P. Estate, New Delhi-110002

Tel : + 91(11) 23378823-25, Fax No. + 91(11) 23379885

Corporate Office: BECIL Bhawan, C-56, A/17, Sector-62, Noida – 201307 Uttar Pradesh

Tel: 0120-4177850 Fax : 0120-4177879

E-Mail: contactus@becil.com Website: www.becil.com

Please attach recent passport size photograph

(REGISTRATION FORM)

(PLEASE FILL THIS FORM IN CAPITAL LETTERS ONLY)

Important: Please read the advertisement carefully before filling this form

1. Application for the post of: _____

2. Name - Mr. / Mrs. / Miss. (Please tick the appropriate)

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First Name

Middle Name

Last Name

3. Father's Name:

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4. Date of Birth: Day Month Year

5. Universal Account Number (UAN) or Previous PF Member ID (if any):

UAN No.									
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OR

Previous PF Member ID	Region Code	Office Code	Establishment ID	Extension	Account No.

6. Employee State Insurance No. (if any)

7. PAN No. (compulsory)

8. Aadhar No. (compulsory)

9. Category: General OBC SC ST PH Other

10. Marital Status: Married Unmarried

11. Nationality : _____ 12. Religion: _____

13. Contact Details:

PERMANENT ADDRESS	PRESENT ADDRESS
HOUSE NO.	HOUSE NO.
CITY :	CITY :
STATE :	STATE :
PIN :	PIN :
MOBILE :	MOBILE :
EMAIL :	EMAIL :

15. Educational/Professional Qualifications:

S. No.	Qualification	Details of Course	Board / University	Year of Passing	Percentage
1	X (10)				
2	XII (10+2)				
3	Graduation				
4	Post-Graduation				
5	Diploma				
6					
7					

16. Work Experience (add separate sheet if required):

S. No.	Organization	Designation	Duration		Brief Job profile
			From	To	
1.					
2.					
3.					
4.					

17. Total number of years of experience: _____

18. References

S.No.	Name	Address	Contact Number

19. If selected your preferences for location

1. ----- 2. ----- 3. ----- 4. Anywhere in India Yes No

20. Languages known (Tick appropriate boxes)

	Read	Speak	Write
1. -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Please attach self attested photocopies of following documents with the form:

- i) Educational / Professional Certificates
- j) Birth Certificate
- k) Caste Certificate, if any.
- l) Work Experience Certificates
- m) PAN Card
- n) Aadhar Card
- o) Copy of EPF/ESIC Card (if already have)
- p) Police Verification (at the time of joining)

Signature _____

Date _____