



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. 135 (WALK-IN INTERACTION ON 28.04.2022)

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	Qualification	Monthly Remuneration	Date / time / Venue of Interview/interaction
1	Patient Care Coordinator (ESI)	1) Full Time Bachelor's Degree in any field with minimum 3 years of experience in Health Care Sector. 2) Experience in ESI and Corporate Desk Handling	Rs.18,462/-	Date: 28 th April, 2022 Reporting Time: at 2:30 pm Venue: Chittaranjan National Cancer Institute (CNCI) Kolkata, Street No.299, DJ Block, Action Area-1, Newtown, Kolkata-700156

1. Selection will be made as per the prescribed norms and requirement of the job.
2. No TA/DA will be paid for attending the interaction/interview/ joining the duty on selection.
3. Candidates are requested to fill the Registration Form (copy enclosed) and submit the same at the time of interaction/interview along with following documents:
 - a) Educational / Professional Certificates
 - b) Birth Certificate
 - c) Caste Certificate, if any.
 - d) Work Experience Certificates
 - e) PAN Card
 - f) Aadhar Card
 - g) Copy of EPF/ESIC Card (if already have)
 - h) Police Verification (at the time of joining)

In case of any doubt/help please email as below:

For queries: sanyogita@becil.com OR 0120-4177860

Sd/-
Mahesh Chand
Deputy General Manager (HR)

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 _____