

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)	 Full Time Bachelor's Degree in any field with minimum 3 years of experience in Health Care Sector. 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)

Dated: 25.04.2022

For office Use:	Reg. No.	Dated:	Fee:	



BROADCAST ENGINEERING CONSULTANTS INDIA LTD

(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 appropria	te)							
First Name Middle Name	Last Name							
3. Father's Name:								
4. Date of Birth: Day Month	4. Date of Birth: Day Month Year							
5. Universal Account Number (UAN) or Previous PF M	ember ID (if any):							
UAN No.								
	DR .							
Previous PF Region Code Office Code Member ID	Establishment ID Extension Account No.							
Member 10								
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:							
	LWAL.							

15	Education	nal/Profe	lsnoi22	Qualific	ations

Signature __

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S. No.	Qualification	Details of Co		urse Board / University				Year of Passing	Percentage	
1	X (10)									
2	XII (10+2)									
3	Graduation									
4	Post-Graduation									
5	Diploma									
6										
7										
16.	Work Experienc	e (add separate she	et if re	equired):	I					I
S. No.	Orga	anization	Designation		n	Duration From To		Brief Job profile		
1.										
2.										
3.										
4.										
17.	Total number of	years of experienc	e:				_			
	References									
S.N	lo.	Name				Address			Contac	t Number
19.	If selected your	preferences for loc	ation							
	1	2		3			4. Anywhere i	n Inc	dia Yes	No
20.	Languages know	wn (Tick appropriat	e boxe	s)						
		Read	Spe	ak	,	Write				
	1	- 📙]						
	2	-		<u> </u> -						
	3	-								
Note	i) Educationa j) Birth Certif k) Caste Cert l) Work Expe m) PAN Card n) Aadhar Ca o) Copy of El	tificate, if any. erience Certificates	ificates	ve)	ving (documents	with the form:	:		

Date __