

11. Educational/Professional Qualifications

S.No.	Examination Passed	Name of School/ College/University	Year of Passing	Division/Grade
1	Graduation			
2	XII / HSC			
3	X / SSC			
4				
5				
6				

12. Work Experience (From present position give Details on every employment, add separate sheet if necessary)

S.No.	Organization	Designation	Duration		Brief Job profile
			From	To	

13. Total years of experience : _____

14. References

S.No.	Name	Address	Contact Number

15. If selected your preferences for location

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

16. 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"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. How did you learn about BECIL

Website Advertisement Training Institutes Others

Note: Please provide self attested photocopies of following documents

- a) Educational / Professional Certificates
- b) Date of Birth Certificate
- c) Experience Certificates
- d) PAN Card
- e) Aadhar Card
- f) EPF/ESIC Card (if any)

Signature _____

Date _____