

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



**BROADCAST ENGINEERING CONSULTANTS INDIA LTD**

(A Govt. of India Enterprise)

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Please attach recent passport size photograph

**(REGISTRATION FORM)**

*(Imp: Please read the details on prescribed educational, professional as well as experience requirements for the various professionals before filling in the form)*

1. Registration for the post of: PATIENT CARE MANAGER  PATIENT CARE COORDINATOR

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

Grid for name entry: 20 empty boxes

First Name

Middle Name

Last Name

3. Father's/Husband's Name:

Grid for father's/husband's name: 20 empty boxes

4. Date of Birth:  Day  Month  Year AGE: \_\_\_\_\_

6. Employee State Insurance No. (if any)

7. PAN No. (compulsory)

8. Aadhar No. (compulsory)

9. Category:  General  OBC  SC/ST  Others

10. Marital Status:  Married  Unmarried

11. Nationality : \_\_\_\_\_

12. Religion: \_\_\_\_\_

13. Address for Communication:

Grid for address line 1: 20 empty boxes

Grid for address line 2: 20 empty boxes

City

State

Grid for city/state: 20 empty boxes

Pin Code

14. E-Mail Address (Capital Letters):

Grid for email address: 20 empty boxes

Phone No. (Prefix city Code)

Mobile No

15. Educational/Professional Qualifications for the posts of PCM  / PCC

S. No.	Qualification	University / Institute / College	Year of Passing	Division/ Grade
1	Post-Graduate in Hospital Management (or Healthcare)			
2	Bachelors Degree in Life Sciences			
3	Bachelors Degree in any other relevant field			
4				

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

1.	Designation			
	Organization			
	Duration (DD/MM/YY)	From	To	
	Job profile			
2.	Designation			
	Organization			
	Duration (DD/MM/YY)	From	To	
	Job profile			

17. Total years of experience: \_\_\_\_\_

18. References:

S. No.	Name	Address	Contact Number
1.			
2.			

19. 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:

- 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)

Signature \_\_\_\_\_