

BHARAT ELECTRONICS LIMITED

Jalahalli Post, Bengaluru – 560 013

Affix recent passport size colour photograph signed by the candidate. Do not use stapler or pin.

1. Name of th	e Post applied for : Havildar – (Se	curity) for BEL Bangalore Complex
	e candidate in full :	
3. Father's Na	ıme :	
4. Date of birt	h :	5. Age (as on 01.07.2024) :
6. Gender :		7. Marital Status :
8. Nationality	:	9. Religion
10. Do you b	pelong to UR/EWS/OBC/SC/ST:	
		: Yes / No : Percentage of disability
	PERMANENT	CORRESPONDENCE
PH.NO.		PH.NO: Email address:
Email address	s to be written in Capital letters and	PH.NO: Email address: d specify in writing if zero '0' or alphabet 'O' is
Email address in part of you	s to be written in Capital letters and r email id.	Email address:
Email address in part of you. 13. Please spe	s to be written in Capital letters and remail id. cify the following details:	Email address: d specify in writing if zero '0' or alphabet 'O' is
Email address in part of your 13. Please special Are your	s to be written in Capital letters and remail id. cify the following details: cu Ex-Servicemen	Email address: d specify in writing if zero '0' or alphabet 'O' is : Yes / No
Email address in part of you. 13. Please specification and Are you by Worker	s to be written in Capital letters and remail id. cify the following details: cu Ex-Servicemen ed in (Army/Navy/Airforce)	Email address: d specify in writing if zero '0' or alphabet 'O' is : Yes / No :
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Email address in part of you. 13. Please special Are you b) Worker c) Service d) Date of	s to be written in Capital letters and remail id. cify the following details: cu Ex-Servicemen cd in (Army/Navy/Airforce) ce No. of joining Service	Email address: d specify in writing if zero '0' or alphabet 'O' is : Yes / No :
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Email address in part of you. 13. Please special Are you b) Worker c) Service d) Date of e) Rank a f) Date of	s to be written in Capital letters and remail id. cify the following details: cu Ex-Servicemen ed in (Army/Navy/Airforce) ee No. of joining Service at the time of joining of Discharge from Service	Email address: d specify in writing if zero '0' or alphabet '0' is : Yes / No : : : : : : : :
Email address Email address in part of your 13. Please special Are you b) Worker c) Service d) Date of e) Rank a f) Date of g) Rank a	s to be written in Capital letters and remail id. cify the following details: cu Ex-Servicemen ed in (Army/Navy/Airforce) e No. of joining Service at the time of joining	Email address: d specify in writing if zero '0' or alphabet '0' is : Yes / No : : : :
Email address in part of your 13. Please special Are you b) Worker c) Service d) Date of e) Rank a f) Date of g) Rank a h) Corps	s to be written in Capital letters and remail id. cify the following details: cu Ex-Servicemen ed in (Army/Navy/Airforce) ee No. of joining Service at the time of joining of Discharge from Service at the time of discharge	Email address: d specify in writing if zero '0' or alphabet 'O' is : Yes / No : : : : : : : : : : : : : : : : : : :
Email address in part of your 13. Please special Are you b) Worker c) Service d) Date of e) Rank a f) Date of g) Rank a h) Corps i) Regime	s to be written in Capital letters and remail id. cify the following details: cu Ex-Servicemen ed in (Army/Navy/Airforce) ee No. of joining Service at the time of joining of Discharge from Service at the time of discharge	Email address: d specify in writing if zero '0' or alphabet '0' is : Yes / No : :

14. QUALIFICATION (From SSLC onwards):
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Qualification	Institute/ University	Percentage / Class secured	Year of passing	Discipline
SSLC				
12 th Class				
Graduation				
Others				

15. EXPERIENCE DETAILS (Start with the Existing) :

Please attach a separate sheet giving a brief about your duties & responsibilities handled by you.

Name of the Armed Forces		details riod)	No of Years of	Rank / Salary		Area /	Reason for
/ Name of Company / Institution	From	То	Experience (YYMM)	Position Held	Drawn	Departments worked in	leaving

16.	Are you	presently	y working in a	Government/	Quasi//PSU	/Private:	Yes /No
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	18.	Please	give	particulars	of	your relative/s	emplo	yed in	BEL,	if ar	ny:
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Name	Designation	Department	Unit	Relationship

- 19. Have you appeared for any previous selection for Appointment in BEL? If so, please furnish details in brief:
- 20. Have you applied for any other posts other than BEL? If so, please furnish details in brief:

21. Languages Known (Please Tick the Appropriate Box):

Sl. No.	Language Name	Read	Write	Speak
1				
2				
3				
4				
5				
6				
7				

22. Tick the photocopies of the documents enclosed:

DOCUMENTS	TICK THE BOX	REMARKS (For Office Use only)
2 Recent colour passport size photographs.		
Government photo ID Proof – Aadhar Card / PAN Card / Driving License / Passport		
SSLC marks card and any other valid document as proof of date of birth.		
Degree Marks Sheets of each Semester, if any		
Final Degree Certificate, if any		
OBC (NCL) /EWS /SC/ST certificate in the prescribed format		
(OBC certificate issued on or after 01.07.2023. Income certificate		
will not be considered as valid OBC Certificate.)		
(Valid EWS certificate issued for the year 2023-2024)		
No Objection Certificate from the present employer (if employed in Govt/Quasi Govt/PSU) if applicable		
Experience Certificate / Discharge book		

DOCUMENTS	TICK THE BOX	REMARKS (For Office Use only)
Presently employed in the Armed Forces and yet to be discharged		
- Documentary proof in support of their		
Medical Category - (Shape-I) - Yes / No		
Service Record - Exemplary / Very Good		
Probable date of discharge -		
Discharge book issued by the Indian Armed Forces-Army, Navy, Air force clearly indicating the following –		
Medical category – (Shape-I) – Yes / No		
Date of discharge –		
Service Record - Exemplary / Very Good		
Document of Registration at District Sainik Welfare Board,		
Karnataka.		

UNDERTAKING

I affirm that the information given above is true and correct. I further undertake that, if at any stage, it is discovered that an attempt has been made by me to willfully conceal or misrepresent the facts stated above, my candidature may be summarily rejected or my employment terminated.

SIGNATURE OF THE CANDIDATE

Date:	
Place	: