

10. Educational / Professional qualifications:

Examination	University / Board	Year of passing	Duration	Discipline	Class secured	Percentage

11. Work experience (Start with current Job)

Name of the organization	From (DD/MM/YYYY)	To (DD/MM/YYYY)	Designation	Nature of the work	Last salary drawn

12. Areas of technical knowledge:

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13. Whether any of your relatives employed in BEL? : (YES/NO)

If yes, please provide the following information:

a) Name: b) Staff No.:

c) Designation: d) Department:

e) Unit: f) Relationship:

UNDERTAKING

I hereby solemnly affirm that whatever information, that has been given above is true and correct to the best of my knowledge and belief. I further state that if at any stage, it is discovered that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may summarily be rejected, or if employed, my employment be terminated.

Place:

Signature of the Applicant

Date: