

BEML LIMITED - APPLICATION FORM

| I. Personal Details | 1 | | | | | |
|---|---------|------------------------|------------------------------|--|--|--|
| Name | | | | | | |
| Personal No | | | PLEASE AFIX RECENT COLOUR | | | |
| Rank & Trade | | | РНОТО | | | |
| Date of Birth (dd/mm/yyyy) | | | (PASSPORT SIZE) | | | |
| Age | | | | | | |
| Date of Enrolment | | | | | | |
| Date of Retirement | | | | | | |
| Nationality | | | | | | |
| Marital Status | | | | | | |
| Family details (Such as No of Dependents, Age, occupation & their Annual Income, as applicable) Have you been Arrested ever? If | | | | | | |
| yes, details there if | | | | | | |
| Whether undergone any major surgery | Yes/ No | | | | | |
| If yes, details. | | | | | | |
| II. Address & Contact Details | | | | | | |
| Permanent Addres | S | Correspondence Address | | | | |
| | | | | | | |
| PIN: | | PIN: | | | | |
| State: | | State: | | | | |
| Mobile and Whatsapp No : | | | | | | |



| E-mail address : | | | | | | | | | | | | | |
|---|--|-------------|--------------|---------------------|-------------|----------------------|------------------|--------------------------------|----------|---------------------------------------|----------|---------------|-----------------|
| III. Edu | cation | al Qualific | ation : | | | | | | | | | | |
| SI. No | Qualification (Matriculation Subjection onwards) | | Subje | ect Unive Instit | | • | Cours duratio | - | (Full/ | of Course (part time (pondence) | | % of marks | Year of passing |
| 1. | Matriculation | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| IV. De | tails of | Major Tra | ainings Att | ende | d | | | | | | | | |
| SL NO | | Course / | Training I | Progra | am | m Duration Organizer | | | | | nizer | | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| | ails of | Skills (Suc | ch as drivi | ng, Co | omputer ope | eration, E | mailing, | Тур | ing Skil | ls, MS | 6 office | etc) | |
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | _ | | | |
| VI.Det | ails of | Unit Serve | ed : (Last S | 5 assi | gnments) | | | 1 | | | | | |
| Sl.No | No Unit | | | From Date | | То | Date Lo | | cation | Duties/work performed | | ormed | |
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | |
| From Table (V) Please write the details of the work performed during the last 3 assignments handled by you. | | | | | | | | | | | | | |
| SI.I | SI.No Position held | | | From | | То | | Details of the work performed. | | | | rmed. | |
| 1 | 1 | | | | | | | | | | | | |



| | | | | | New PROVINCES, New Co |
|--|---|----------------|--------|--------------------------|---------------------------|
| 2 | | | | | |
| 3 | | | | | |
| VII. Experier | nce | | | | |
| Experience i | n BEML HMVs (If | any) | | | |
| SI.No | Equipment | Equipment Make | | Details of Experience | No of Years of experience |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| Experience i | n Other Specialis | Armoured vel | nicles | | |
| SI.No | Equipment | Make | | Details of Experience | No of Years of experience |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| VIII. Last Pay | y particulars | | 1 | | |
| Basic Pay | | | Rs. | | |
| Dearness Allowance (as applicable) | | | Rs. | | |
| HRA (as app | licable) | | Rs. | | |
| Variable pay | ' (if any) | | Rs. | | |
| Other perks (if any) R | | | Rs. | | |
| CTC per month Rs | | | Rs. | | |
| CTC Annual | | | Rs. | | |
| Last Pension Drawn Rs. | | | | | |
| engagement Forces) | e your present oc t (since retiremen | t from Armed | | | |
| Please state whether you have any relatives/ acquaintances at BEML. | | | | Yes/ No | |



| lf Yes, p | please provide details. | | | | | |
|----------------------------|---|----------------------|--------------|--|--|--|
| Position | for which you applied as per Notification | | | | | |
| Location | n for which you applied as per Notification | | | | | |
| X.Documents to be enclosed | | | | | | |
| Sl.No | Document | Status of enclosure* | | | | |
| 51.110 | Document | Enclosed | Not Enclosed | | | |
| 1. | Matriculation Certificate (SSC) | | | | | |
| 2. | HSC Certificate (If applicable) | | | | | |
| 3. | Diploma Certificate | | | | | |
| 4. | Identity Certificate (Eg: Aadhaar&PAN Card etc.) | | | | | |
| 5. | Copy Discharge Book/ Service Certificate | | | | | |
| 6. | Whether you possess a heavy-duty driving license If yes (attach copy) | | | | | |

* please tick (\checkmark) in appropriate boxes.

DECLARATION

I hereby declare that the above statements are true & complete to the best of my knowledge and belief. In the event of the information being found to be false or incorrect, my candidature / appointment may be cancelled /terminated without any notice.

Date:

Signature

Place :

Name of Candidate

-X-