

# BEML LIMITED

(A Category-I Miniratna Company under Ministry of Defence, Govt. of India)  
**BEML SOUDHA, 23/1, 4<sup>th</sup> Main, Sampangirama Nagar, Bangalore-560 027 , Karnataka, India**



## APPLICATION FORM

(Advt No. KP/S/10/2010)

Paste self attested  
 recent passport size  
 Photograph

**Post Applied For .....**

In case of Govt/Quasi-Govt/PSU, whether applied through proper channel

YES

NO

Not Applicable

1	<b>Name of the Candidate</b> (in Block Letters)	_____		
		(First Name)	(Middle Name)	(Last Name)
2	<b>Gender</b> (please tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
3	<b>Fathers Name</b>	Shri. _____		
4	<b>Communication Address</b>	House.No ..... Street No..... Village..... Taluk..... District..... State..... Pin Code..... Telephone (office) ..... (home)..... Mobile..... e-mail.....		
5	<b>Date of Birth:</b> - ...../...../..... ; <b>Age</b> as on 15.07.2010: .....Yrs.....Months.....Days	DD	MM	YYYY
6	<b>a) Nationality (by Birth / Domicile :</b>	<b>b) Religion</b>		
7	<b>Category</b> (please tick) SC/ST/OBC category need to enclose the caste certificate issued by the Competent Authority as per Govt. of India notification/guidelines.	<input type="checkbox"/> GEN	<input type="checkbox"/> OBC	<input type="checkbox"/> SC <input type="checkbox"/> ST
		Mention Sub Caste (if applicable).....		
8	<b>Are you a Person With Disabilities (PWD)?</b> If yes, mention (VH/OH/HH) and enclose a copy of the supporting document from the competent authority.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		If Yes, mention (VH/OH/HH).....; Percentage of disability.....%		
9	<b>Payment Details</b> (applicable for GEN/OBC only)	Branch Name :		Branch Code:
		Journal No.		Date:

10. Practical training (more than 1 month period) & Apprenticeship Course (furnish details below):

Name & Address of Institution	Nature of Training	Period		Duration
		From	To	

**11. QUALIFICATION**

Qualification: (Starting from Latest qualification acquired)

Exam or Degree/ Diploma	Name of the Institution / University	Mode (Regular/ Correspondence / Parttime)	No. of Years Studied	Year of passing	% of Marks & Class / Division or equivalent Grade	Specialization

EMPLOYMENT RECORD (Need to be supported by relieving letter at the time of joining)

**12. Current Employment**

(i) (a) Total Experience (yrs)		(b) Total post qualification Exp (yrs):		
(ii) (a) Name & Address of Current Employer	Designation	Period		Duration (in yrs)
		From	To	
(b). Complete Break-Up of Salary and Perks:- (please enclose latest month Salary Slip)		(c) Other Annual Benefits		
Scale of Pay :				
Basic :	DA :			
CCA :	HRA :			

**13. Previous Employment** (Starting from the latest)

Name of the Employer	Designation	Period		Duration (in Years)
		From	To	

\* Break during employment (if any). Period & Reasons

**DECLARATION**

I hereby declare that the above statement are true, complete to the best of my knowledge and belief. In the event, the information is found to be false or incorrect, my candidature / appointment may be considered terminated without any notice. I also declare that I am citizen of India by birth / domicile

**Place :**

**Date :**

**(Signature of the Candidate)**