

**APPLICATION FOR THE POST OF DEPUTY MANAGER (Short Term Basis) for PROJECT SITES IN  
MADHYA PRADESH**

**Instructions:**

- All fields should be gilled in CAPITAL LETTERS only.
- Incomplete applications / applications without enclosures will be rejected.
- Tick mark where appropriate.

Affix your  
Recent Colour  
Photograph and  
Sign Across the  
Photo

- Full Name : (Mr./Ms.) : \_\_\_\_\_  
(As per SSLC certificate)
- Father's Name : \_\_\_\_\_
- Date of Birth (DD/MM/YYYY) : \_\_\_\_\_
- Age (As on 01.06.2024) : \_\_\_\_ Years \_\_\_\_ Months
- Gender : Male/ Female/ Others
- Nationality : Indian
- Category : GENERAL/OBC/EWS/SC/ST
- a) Indicate if you are a Person with Benchmark Disability :  Yes  No  
If yes, indicate nature of Disability. \_\_\_\_\_  
(Enclose Disability certificate in the prescribed format)
- b) Degree of disability as indicated in the Certificate : \_\_\_\_\_
- Religion : Hindu/Muslim/Christian/Sikh/Neo-Buddhist/ Zoroastrian/ Others (Please specify)  
\_\_\_\_\_

10. (a) Qualification (Indicate division & year of passing)

Education (SSLC onwards)	Institution/University	Main Subjects Studied / Specialtion	Class/ Division	Grade/ % of Marks	Year of Passing
10 <sup>th</sup>					
12 <sup>th</sup>					

11. Work Experience

Name of the Organization	Employment Details		Experience		Designation	Cost to Company (In Rs.)	Details of responsibilities in brief
	From	To	Years	Months			

Total Work Experience (in Years and Months)		
---	--	--

**12. Details of relatives employed in BEL, if any**

Name	Relationship	Designation	Department	Unit

**13. Address with Pin Code**

a) Permanent Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pincode: \_\_\_\_\_

b) Correspondence Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pincode: \_\_\_\_\_

c) E-mail ID (in BLOCK LETTERS) : \_\_\_\_\_

(All correspondence will be made to this email id only)

d) Mobile No. : \_\_\_\_\_

**14. Application Fee Payment Details :**

Challan No. / SBI Collect Payment Receipt No.	Date of Payment	Amount (in Rs.)

**15. Undertaking**

I hereby declare that the above statements are true and complete to the best of my knowledge and belief. In the event, the information is found to be false or incorrect; my candidature may be terminated without notice. I further declare that if any at stage it is discovered that an attempt has been made by me to willfully conceal or mis-represent facts, my candidature may be summarily rejected or may employment terminated and no appeal in this regard shall be entertained.

Date:

SIGNATURE OF THE CANDIDATE

Place: