

BROADCAST ENGINEERING CONSULTANTS INDIA LIMITED

(A Government of India Enterprise under Ministry of Information & Broadcasting)
(A Mini Ratna Company)

Head Office: 14-B, Ring Road, I.P. Estate, New Delhi-110002, Phone: 011-23378823 Corporate Office: BECIL Bhawan, C-56/A-17, Sector-62, Noida-201307 Phone: 0120-4177850 / 4177860 Fax: 0120-4177879 Website: www.becil.com

VACANCY ADVERTISEMENT NO. 161 (WALK-IN INTERACTION)

BECIL invites interested Candidates to attend Walk-in Interaction in the office of All India Council for Technical Education, New Delhi as per details given.

S. No.	Post/ Requirement	Evaluation Criteria	Monthly Remuneration	Date / time / Venue of Interview/interaction
1.	Managing Editor (01)	 Qualification: Post Graduate Diploma in Mass Communication/Electronic Communication/TV Journalism or equivalent fields Experience: Minimum 15 years in the field of media with minimum 5 years at level of senior management in a broadcast network. Good knowledge of compliance of broadcasting guidelines. Should be aware of latest industry trends and technical advances and should able to manage entire programming workflow from ideation through to final delivery. Relevant experience in studio/outdoor film/TV production. Good understanding of program strategy, scheduling & management. Job Profile: Overall planning and operation of the channel. Managing content creation, technology, budget, infrastructure and partnerships with content providers. 	Rs.1,50,000/-	Reporting Time: 10:00 AM Venue: All India Council for Technical Education, Nelson Mandela Marg, Vasant Kunj, New Delhi-110070

- 1. Selection will be made as per the prescribed norms and requirement of the job.
- 2. No TA/DA will be paid for attending the interaction/interview/ joining the duty on selection.
- 3. Preference will be given to those candidates who are already working in the same/similar department.
- 4. Candidates who have applied earlier need not to apply again/appear Walk-In-Interaction.
- 5. Candidates are requested to fill the Registration Form (copy enclosed) and submit the same at the time of interaction/interview along with following documents:
 - a) Educational / Professional Certificates
 - b) Birth Certificate
 - c) Caste Certificate, if any.
 - d) Work Experience Certificates
 - e) PAN Card
 - f) Aadhar Card
 - g) Copy of EPF/ESIC Card (if already have)
 - h) Police Verification (at the time of joining)

In case of any query/help please email at: sanyogita@becil.com OR Call: 0120-4177860

Dated: 13.07.2022

For office Use: Reg. No.	Dated:	Fee:
or office ose. Reg. 110.	Daica.	100.

BROADCAST ENGINEERING CONSULTANTS INDIA LTD



(A Govt. of India Enterprise)

Head Office: 14-B, Ring Road, I.P. Estate, New Delhi-110002

Tel: + 91(11) 23378823-25, Fax No. + 91(11) 23379885

Corporate Office: BECIL Bhawan, C-56, A/17, Sector-62, Noida – 201307 Uttar Pradesh

Tel: 0120-4177850 **Fax**: 0120-4177879

E_Mail: contactus@becil.com Website: www.becil.com Please attach recent passport size photograph

(REGISTRATION FORM)

(PLEASE FILL THIS FORM IN CAPITAL LETTERS ONLY)

	important. Frease read the advertise	ement carefully before filling this form)				
	A college of the second of					
1.	Application for the post of:					
2.	Name - Mr. / Mrs. / Miss. (Please tick the appropria	ite)				
	First Name Middle Name	Last Name				
		Last Name				
3.	Father's Name:					
4.	Date of Birth: Day Month	Year				
5.	Universal Account Number (UAN) or Previous PF M	lember ID (if any):				
	UAN No.					
	C	OR				
	Previous PF Region Code Office Code Member ID	Establishment ID Extension Account No.				
	member ib					
6.	Employee State Insurance No. (if any)					
7.	PAN No. (compulsory)					
8.	Aadhar No. (compulsory)					
9.	. Category: General OBC SC ST PH Other					
10.	Marital Status: Married Unmarried					
11.	Nationality :	12. Religion:				
13.	Contact Details:					
PEI	RMANENT ADDRESS	PRESENT ADDRESS				
НО	USE NO.	HOUSE NO.				
CIT	v ·	CITY				
		CITY:				
ST	ATE:	STATE:				
PIN	<u> </u>	PIN:				
МО	BILE :	MOBILE:				
EM	AIL:	EMAIL:				

15	Education	nal/Profe	lsnoi22	Qualific	ations

Signature __

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S. No.	Qualification	Qualification Details of Course		1	Board / University				Year of Passing	Percentage
1	X (10)									
2	XII (10+2)									
3	Graduation									
4	Post-Graduation									
5	Diploma									
6										
7										
16.	Work Experienc	e (add separate she	et if re	equired):	I					I
S. No.	Orga	anization	Designation		n Duration To		Brief Job profile			
1.										
2.										
3.										
4.										
17.	Total number of	years of experienc	e:				_			
	References									
S.N	lo.	Name				Address			Contac	t Number
19.	If selected your	preferences for loc	ation							
	1	2		3			4. Anywhere i	n Inc	dia Yes	No
20.	Languages know	wn (Tick appropriat	e boxe	s)						
		Read	Spe	ak	,	Write				
	1	- 📙]						
	2	-		<u> </u> -						
	3	-								
Note: Please attach self attested photocopies of following documents with the form: i) Educational / Professional Certificates j) Birth Certificate k) Caste Certificate, if any. l) Work Experience Certificates m) PAN Card n) Aadhar Card o) Copy of EPF/ESIC Card (if already have) p) Police Verification (at the time of joining)										

Date __