



BHARAT ELECTRONICS LIMITED
Jalahalli Post, Bengaluru 560 013

Bharat Electronics Limited, a Navarna Company and India's premier professional Electronics Company under the Ministry of Defence, is engaging **servicing / retired Naval Officers on fixed-tenure basis for 15 years** for its Advanced Defence Systems – Navy. The details of the post are as follows:

Post / Grade	No. of posts	Reservation	Eligibility Criteria	Experience as on 01.08.2022	Pay Scale	Locations of Posting
Sr. Asst. Engineer-I (E-I)	6	Gen – 03 OBC(NCL) -02 SC - 01	Should be in the rank of Junior Commissioned Officer at the time of discharge	Minimum 15 years of relevant post-qualification experience	₹ 30000 – 3%- 120000/-	Mumbai, Kolkata / Vizag

Candidates who are desirous for applying for the above posts should be willing to relocate to any of these locations during their tenure of engagement based on project requirements.

Tenure of Engagement:

The tenure of engagement shall be for a period of **15 years** or till the date of superannuation whichever is earlier. However, the tenure of engagement shall be reviewed for extension solely based on individual performance and project requirements on completion of every **5 years**.

Upper Age limit as on 01.08.2022: The candidate should be not more than 50 years of age. The upper age limit will be relaxable for SC candidates by 5 years and for OBC (NCL) candidates by 3 years.

Educational Qualification:

Diploma in Engineering or Equivalent in Electronics or its allied branches OR Electrical OR Mechanical. Candidates should have secured **PASS CLASS** in the indicated qualification.

Post qualification Experience:

- Should have minimum 15 years of relevant post-qualification experience.
- Should have preferably worked in the areas of Radars, Communication Systems & Weapon Control systems.
- Should have been involved in STW, HATs, SATs, Installation & Commissioning of Radars, Weapon Control Systems on-board Naval ships.

Other Criteria:

- Candidates who are applying on re-employment basis should have been discharged on or after **01.08.2017**.

Job description: The selected candidate will be responsible for coordinating and monitoring all the activities related to installation and commissioning, conducting of HATs, SATs and providing product support through effective liaisoning with the user representatives.

METHOD OF SELECTION: Selection will be through written test followed by interview for candidates who have been shortlisted in the written test.

The dates of the selections, timings and venue will be intimated to the shortlisted candidates through e-mail only.

HOW TO APPLY:

Candidates who are desirous of applying for the above posts and are willing to be posted at the locations indicated in the advertisement may download the applications by clicking the link provided in the website. The filled-in applications along with all the enclosures may be sent through post to **DGM (HR/MR,MS&ADSN), Bharat Electronics Ltd., Jalahalli PO, Bangalore 560013** along with the relevant documents on or before **10.09.2022** under the subject '*Application for the post of Sr. AE for ADSN.*'

Applications submitted beyond the last date will not be accepted.

Enclosures to the application form:

- i) 10th Standard certificate (as proof of date of birth)
- ii) Diploma Engg. certificate or equivalent in the indicated discipline.
- iii) Post qualification work experience certificate/s from previous / current employer.

iv) For Ex-Naval Officers who are applying on re-employment basis:

- Post qualification work experience certificate/s from previous / current employer if employed after retirement from Indian Navy.
- Discharge certificate from the Indian Navy. The discharge certificate should clearly indicate the date of enrollment, date of discharge and rank at the time of leaving the defence forces
- Candidates presently working in Govt/PSU/Quasi-Govt organizations are required to produce a No Objection Certificate from their current employer.



v) **For Officers applying on immediate absorption basis:**

- No Objection Certificate to be produced indicating the probable date of discharge.

vi) Candidates presently working in Govt/PSU/Quasi-Govt organizations are required to produce a No Objection Certificate from their current employer at the time of interview or forward their applications through proper channel.

vii) Caste / Community certificate in case you belong to SC / OBC categories. Candidates belonging to OBC category should produce community certificate in Annexure 'A' format as prescribed for applying for posts under Central Government issued on or after 01.01.2021.

PAY PACKAGE: The selected candidates will be inducted for a period of 5 years in the minimum of the pay scale of ₹ 30,000 –3%-1,20,000/- In addition to basic pay other allowances like Dearness Allowance, HRA, 35% of basic pay as perks, PF, Group insurance, Performance Related Pay, Gratuity, medical facility for self and dependent family members, etc., as per Company rules will be a part of the pay package.

GENERAL:

Candidates are required to possess at least one valid e-mail id, which is to be entered in the application form. Information pertaining to the interview will be sent by e-mail to the email ID furnished by the candidate. BEL will not be responsible for bouncing of any e-mail sent to the candidate.

Only Indian nationals need apply. The posts indicated above may vary based on the actual requirement at the time of selection. Canvassing in any form will result in disqualification. BEL reserves the right to debar / disqualify any candidate at any stage of the selection process for any reason whatsoever.

For any clarifications please feel free to write to-
E-mail: hrmars@bel.co.in

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD
CLASSES APPLYING FOR APPOINTMENT OF POSTS UNDER THE
GOVERNMENT OF INDIA.**

This is to certify that Shri/Smt./Kum.* _____ son/daughter* of
Shri _____ of village/town _____ district _____
in _____ state belongs to _____ community which is
recognized as backward class under the Government of India, Ministry of Welfare Resolution
No. 12011/68/93- BCC(C), dated 10th September. 1993 published in the Gazette of India
Extraordinary part I Section I date 13th September 1993. Shri/Smt./Kum*
_____ and/or his/her family ordinarily reside(s) in the
_____ District of the _____ state. This is also to certify that he/she
does not belong to the persons/selections (creamy layer) mentioned in column 3 (of the
schedule to the Government OF India, Department of Personnel & Training
O.M.No.36012/22/93-Estt.(SCT), dated 8.9.1993) and modified vide Government of India,
Department of Personnel and training O.M No.36033/3/2004 - Estt.(Res) dated 09.03.2004.

Dated

District Magistrate,
Deputy Commissioner etc..

Seal

N.B

(a) The term 'ordinarily' used here will have the same meaning as in section 20 of the Representation of the peoples Act, 1950

(b) Where the certificates are issued by Gazetted officers of the union Government or state Governments, they should be in the same form but counter signed by the District Magistrate or Deputy Commissioner (Certificates issued by Gazetted Officers and attested by District Magistrate/Deputy Commissioner are not sufficient)

* Should be dated 6 months prior to the date of advertisement.

DECLARATION

I _____ certify that the above said particulars are true to the best of my knowledge and belief and that do not belong to the Creamy Layer of OBCs and am eligible to be considered for the posts reserved for O.B.Cs. In the event of any information being found false or incorrect, or ineligibility being detected before or after the selection, I understand that my candidature/appointment is liable to be canceled and I shall be liable to such further action as may be provided under the law and/or Rules.

Yours faithfully,

Signature of the Candidate

Place:

Date:

Annexure – VIII

Form of Caste Certificate to be produced by a candidate belonging to a Scheduled Caste or Tribe in support of his/her claim.

This is to certify that Shri/ Shrimati */ Kumari
.....Son/Daughter* of
of village / town* in District / Division
..... of the State / Union Territory*
..... belongs to the
Caste/Tribe * which is recognised as a Scheduled Caste/Scheduled Tribe under :

- * The Constitution (Scheduled Castes) Order, 1950
- * The Constitution (Scheduled Tribes) Order, 1950
- * The Constitution (Scheduled Castes) (Union Territories) Order, 1951
- * The Constitution (Scheduled Tribes) (Union Territories) Order, 1951

[(As amended by the Scheduled Castes and Scheduled Tribes lists (Modification) Order 1956, the Bombay Reorganisation Act, 1960, The Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976)]

- # The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956.
- * The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Orders, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976.
- * The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962.
- * The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962.
- * The Constitution (Pondicherry) Scheduled Tribes Order, 1962
- * The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967
- * The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968.
- * The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968.
- * The Constitution (Nagaland) Scheduled Tribes Order, 1970.

..... 2/-

2. Shri/ Shrimati * / Kumari *
and his/her * family ordinarily reside(s) in Village / Town
..... of
District / Division * of the State / Union Territory*

SIGNATURE

Designation
(With seal of
Office)

Place..... State
.....
Union Territory *

Date

* Please delete the words which are not applicable.

Note : (1) The terms `Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950

(2) Certificates are valid only when they are issued by the Competent Authority empowered to issue the certificate and is in the relevant name of the community and not in its synonyms or equivalents (which are meant only for purposes of verification of claims of members of relevant community calling themselves by such synonyms or equivalent).

Form-V Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size
attested photograph
(Showing face only) of
the person with
disability

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Shri/Smt./Kum.
_____ son/wife/daughter of Shri _____ Date of Birth (DD/MM/YY)
_____ Age _____ years, male/female _____ registration No. _____ permanent
resident of House No. _____ Ward/Village/Street _____ Post Office _____ District
_____ State _____, whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is _____

(A) he/she has _____ % (in figure) _____ percent (in words) permanent locomotor
disability/dwarfism/blindness in relation to his/her _____ (part of body) as per guidelines (.....number and
date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of
notified Medical Authority)

Signature/thumb impression
of the person in whose
favour certificate of
disability is issued

Form - VI Certificate of Disability

(In cases of multiple disabilities)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size
attested photograph
(Showing face only) of the
person with disability.

Certificate No. _____

Date: _____

This is to certify that we have carefully examined Shri/Smt./Kum.
_____ son/wife/daughter of _____ Shri
_____ Date of Birth (DD/MM/YY) _____ Age _____ years, male/female
_____.

Registration No. _____ permanent resident of House No. _____ Ward/Village/Street
_____ Post Office _____ District _____ State _____, whose photograph is affixed
above, and am satisfied that:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows :-

In figures :- ----- percent

In words :- ----- percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

or

(ii) is recommended/after years months, and therefore this certificate shall be valid till

(DD) (MM) (YY)

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of document	Date of issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

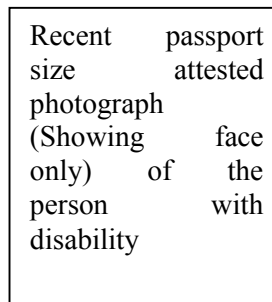
Signature/thumb impression of the person in whose favour certificate of disability is issued.

Form – VII Certificate of Disability

(In cases other than those mentioned in Forms V and VI)

(Name and Address of the Medical Authority issuing the Certificate)

[See rule 18(1)]



Certificate No. _____

Date: _____

This is to certify that I have carefully examined

Shri/Smt/Kum _____
son/wife/daughter _____ of _____

_____ Date of Birth (DD/MM/YY)-
_____ Age _____ years, male/female _____ Registration No.

_____ permanent resident of House No. _____ Ward/Village/Street _____ Post Office
_____ District _____ State _____, whose photograph is affixed above, and am

satisfied that he/she is a case of _____ disability. His/her extent of percentage physical
impairment/ disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified)
and is shown against the relevant disability in the table below:-

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent Physical impairment/ disability (in %)
1.	Locomoter	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary, or

(ii) is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY)

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of document	Date of issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned
{Countersignature and seal of the
Chief Medical Officer/Medical Superintendent/
Head of Government Hospital, in case the
Certificate is issued by a medical authority who is
not a Government servant (with seal)}

Signature/thumb impression of the person in whose favour certificate of disability is issued

Note.- In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District



ADVANCED DEFENCE SYSTEMS –NAVY

APPLICATION FORM
(To be filled in block letters only)

Affix recent
passport size
colour
photograph
here & sign
across the photo

Name of the post : Sr. Assistant Engineer (E-I)

1. Name of the candidate: _____
2. Father's Name: _____
3. Date of birth: _____ 4. Gender: _____
5. Nationality: _____ 6. Religion (Please specify) : _____
7. Category: _____ (General/OBC/SC/PWD) 8. Marital Status: _____

9. Contact details:

PERMANENT ADDRESS: PIN CODE:	CORRESPONDENCE ADDRESS: PIN CODE:
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Mobile no.: _____ e-mail ID : _____

10. Qualification details:

Qualification	Discipline	Year of Passing	Institute/ University where studied	Percentage / CGPA obtained
SSLC				
Diploma Engg				
Any other (specify)				

11. Post Qualification Experience: (other than in Defence forces, if any)

Name of the organization	Employment details		Name of the post held	Last Salary drawn (Rs.)	Nature of employment / areas of expertise
	From	To			

EMPLOYMENT DETAILS WHILE SERVING INDIAN NAVY

12. Date of Enrollment: _____ 13. Date of Discharge: _____

14. Rank at the time of discharge: _____

15. Date of promotion to the rank: _____

16. Units in which served with dates and location: (attach additional sheets if required)

Unit	Period of posting		Location	Rank	Nature of duties and responsibilities handled
	From	To			

17. Please give particulars of your relative /s presently / previously employed in BEL, if any:

Name	Staff No.	Designation	Department	Unit	Relationship

UNDERTAKING

I affirm that the information given above is true and correct. I further undertake that, if at any stage, it is discovered that an attempt has been made by me to willfully conceal or misrepresent the facts stated above, my candidature may be summarily rejected or my employment terminated. I also declare that I have understood the terms and conditions for applying for the above post and agree to abide by the same in the event of my selection.

Date:

Place:

Signature of the candidate