

Dated: 18.06.2019

BROADCAST ENGINEERING CONSULTANTS INDIA LIMITED

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

Corporate Office: BECIL Bhawan, C-56/A-17, Sector-62, Noida-201307 **Phone:** 0120-4177850, **Fax:** 0120-4177879 **Website:** www.becil.com

VACANCY NOTICE

Applications are invited for empanelment of Temporary staff purely on contract basis for deployment in a government hospital/office in Delhi/NCR/Jhajjar.

| S. No. | Designation | Evaluation Criteria | Roles and Responsibilities | Requirement (may get increase or decrease as per the requirement) | Fee |
|-----------|--------------------------------------|--|---|--|---|
| 1 | Patient Care Manager (PCM) | Qualification: Full time Bachelors Degree in Life Sciences or full time Post Graduate Qualification in Hospital (or Healthcare) Management from a recognized university Experience: At least one year experience in a hospital after acquisition of the aforementioned qualifications. Age Limit: Not more than 40 Yrs. on the date of joining | Management of the patient care coordinators Ensure that the PCCs are in full attendance and ensure replacement/alternative in case of absenteeism Act as the first point of escalation for any issues that are reported by PCCs Management of patient movement from waiting area to respective OPDs in batches Overall management of process implementation | 20 | Rs. 30,000/- per month consolidated with annual increment of 10% |
| 2 | Patient Care Coordinator (PCC) | Qualification: Full Time Bachelors Degree in Life Sciences (preferred) or Bachelors Degree in any field Experience: At least one year experience in a hospital after acquisition of the aforementioned qualification Age Limit: Not more than 35 Yrs. on the date of joining | Help and guide patients in a compassionate manner Ensure smooth functioning of the process workflow Manage seating of patients at PRC, waiting areas. Operation of access control scanners Assisting and providing navigational support to patient | 20 | Rs.18,432/- as per minimum Wages Rates of Delhi Govt. revised from time to time) |

Selection will be made as per prescribed norms and requirement of the job. No TA/DA will be paid for attending the test/interview or joining the duty on selection.

Application forms may be obtained from BECIL's Corporate Office: C-56, A/17, Sector-62, Noida -201307 or downloaded from www.becil.com. The duly filled in application form along with self-attested photocopies of educational/ experience certificates, two passport size photograph, PAN Card, Aadhar Card and non-refundable registration fee of Rs.500/- (Rupees Five Hundred Only) for General and OBC candidates and Rs.250/- (Rupees Two Hundred Fifty only) for SC/ST/PH candidates by cash or demand draft drawn in favor of BROADCAST ENGINEERING CONSULTANTS INDIA LIMITED payable at New Delhi may be submitted to Deputy General Manager (HR) in BECIL's Corporate Office at BECIL Bhawan, C-56/A-17, Sector-62, Noida-201307 (U.P).

Last date for submission of application forms is 12 July, 2019.

Sd/-Mahesh Chand Deputy General Manager (HR)

| For office Use: Reg. No Dated: Fee: | |
|-------------------------------------|--|
|-------------------------------------|--|

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

(DECISTRATION FORM)

| | | (REGIS | SIRATION FOR | AIVI) | |
|------|---|---------------------------|-----------------------------|-------------------------------|------------------------------------|
| (Imp | Please read the details on prescribed edu | cational, professional as | well as experience requirer | nents for the various profess | ionals before filling in the form) |
| 1. | Registration for the post of: | PATIENT CARE | MANAGER | PATIENT CARE C | OORDINATOR |
| 2. | Name - Mr. / Mrs. / Miss. (P | lease tick the app | oropriate) | | |
| | First Name | Middle | Name | Last Name | |
| | | | | Last Name | |
| 3. | Father's/Husband's Name (F | Please tick the app | propriate): | | |
| | | | | | |
| 4. | Date of Birth: Day | Month | Y | ear 5. AGE: | |
| 6. | PAN No. (compulsory) | | | | |
| 7 | Andhar No (nompulcary) | | | | 1 |
| 7. | Aadhar No. (compulsory) | | | | |
| 8. | Category: Genera | al OBC | SC/ST [] | РН | |
| 9. | Marital Status: Married | d Unmarrie | ed | | |
| 10. | Nationality: | | 11. Relig | ion: | |
| 13. | Present Address for Commu | ınication: | | | |
| | Tresent Address for Commit | | | | |
| | | | | | |
| | City | | State | | |
| | | | | | |
| | | | | Pin Code | |
| 40 | Dannan and Address of the A | | | | |
| 12. | Permanent Address (if any): | | | | |
| | | | | | |
| | | | | | |
| | City | | State | | |
| | | 1 1 1 1 1 | | Pin Code | |
| 13. | E-Mail Address (Capital Lett | ers): | | | |
| | | | | | |
| | | | | | |
| 14. | Mobile No | | | | |

| 15. Ec | ducational/Professional | Qualifications | for the | posts of PCM | / PCC |
|--------|-------------------------|----------------|---------|--------------|-------|
|--------|-------------------------|----------------|---------|--------------|-------|

| S. No. | Qualification | University / Institute / College | | Year of Passing | Division/ Grade |
|-----------|--|--|-----------------|-----------------|--------------------|
| 1 | Post-Graduate in Hospital Management (or Healthcare) | | | | |
| 2 | B.Sc. in Life Sciences | | | | |
| 3 | Graduation in any field | | | | |
| 4 | | | | | |
| 16. | Work Experience (add separa | ate sheet if required): | | | |
| 1. | Designation | | | | |
| | Organization | | | | |
| | Duration (DD/MM/YY) | From | То | | |
| | Job profile | | | | |
| 2. | Designation | | | | |
| | Organization | | | | |
| | Duration (DD/MM/YY) | From | То | | |
| | Job profile | | | | |
| 17. | Total years of experience: | | | | |
| 18. | References: | | | | |
| S. No. | Name | Address | | Contact Num | nber |
| 1. | | | | | |
| 2. | | | | | |
| 19. | Languages known other than | n Hindi /English (Tick appropriate boxes) Speak Write | | | |
| | 1 | | | | |
| | 2 | | | | |
| | 3 | | | | |
| Not | e: Please attach self-attested 1) Birth Certificate or 10 th p | photocopies of following documents wit | h the form (com | pulsory: | |

- Birth Certificate or 10st pass certificate
 Caste Certificate, if any.
 Educational / Professional Certificates
 Work Experience Certificates
 PAN Card
 Aadhar Card
 Copy of EPF/ESIC Card (if already have)

| Signature | |
|-----------|--|
| | |