

INTERVIEW OPTION: HINDI/ENGLISH

(Please tick whichever is applicable)

BIO-DATA FORM

[To be filled in by the candidate in his/her own handwriting and submit 1 original + 4 xerox copies.

Please read the instructions carefully before filling up this form]

Registration No.	:
_	

Roll No. :

On-line Test held on : 23.03.2014

Post Applied for :

1 Name in full [In Block letters]	: [etters	Block	[In	full	in	Name	1
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2	Date of Birth	:		
				ı

Age [as on 01.01.14]:

Tehsil:

Please affix here a recent passport size photo and sign across

on it.

3 Place of Birth :

4 Native Place :

Date

District : State :

Month

5 Father's Name

Mother's Name :

Spouse Name :

6 Nationality : Religion: Caste:

7 Category

[Please tick whichever is

Applicable]

	Main	Catagon	,		Sub-ca	itegory	
Main Category				Person	s With Dis	abilities	Any other
SC	ST	OBC	GEN	VC	HI	OC	[Specify]

Year

8 a]	Permanent Address [in block letters]	b] Communication Address [in block letters]

			Pin:				Pin:	
Phone	Res:		Phone	Res:				
	Cell:		Phone	Cell:				
E-mail :					E-mail :			

9 Whether you are:

A] A member of Scheduled Caste : YES / NO, If YES, Sub-Caste : B] A member of Scheduled Tribe : YES / NO, If YES, Sub-Caste : C] A member of Other Backward Class : YES / NO, If YES, Sub-Caste :

D] In case you belong to SC / ST / OBC category, indicate the serial number of Sub-caste as appearing in the Central Government list:

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E] An Ex-Servicemen / Disabled Ex-Servicemen / still in service : YES / NO

If YES, a) Name of the Defence / Para Military Services

b) Rank held

c) No. of years of service with dates : d) Date of Joining & Rank : :

e) Date of discharge with reasons & Rank :

F] Visually Challenged : YES / NO If YES, % of disability :

G] Hearing Impaired : YES / NO If YES, % of disability :

H] Orthopaedically Challenged : YES / NO If YES, % of disability :

NOTE: Indicate whichever is applicable. A certificate from the Competent Authority should be produced in the case of candidates belonging to Scheduled Castes, Scheduled Tribes and Other Backward Classes [as per Govt. of India format]. **OBC Certificate should contain "Non-Creamy Layer Clause" and should be issued after 01.01.2013.** In the event of conversion or re-conversion to Hindu or Sikh religion, adequate evidence including a copy of the relevant gazette notification and also other documentary evidence should be furnished. In the case of Ex-servicemen, Discharge Certificate issued by the concerned authority should be produced. In case of Persons With Disabilities, medical certificate issued by the Competent Authority in prescribed format should be necessarily produced.

- 10 Marital Status [Single / Married / Widowed / Divorced / Legally Separated]:
- State the number of persons, who are dependent on you for support : [Parents, Wife / Husband, Children, Brothers/Sisters, Others]
- 12 Educational Qualification

[Full particulars from SSC / SSLC onwards to be given. If space is not sufficient furnish in annexure]

Deg	Certificate/ gree / Diploma Obtained cify the course]	School/College /University /Board	Date of passing [dd/mm/yy]	Principal & Optional subjects studied in brief	No. of attempts	Percentag e of marks obtained	Class & Rank obtained	Prizes / Rank if any
SSC								
+2								
Grad								
PG								
Comp	uter Knowledge							
Other	·s							

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Work experience

[Details of all previous employments, whether temporary/contractual or permanent including the present

employment, if any, are to be given. If space is not sufficient furnish in annexure]

Name and		Period of E	imployment		-	Reasons
address of the Employer /	Designation / Rank	From	То	Salary	Job nature	for leaving
Defence Services						icaving

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14	аı	Mother Tongue	

To Speak:			
To Read :			
To Write:			

15	Particulars of participation in Sports, Athletics, Scouts, NCC,									
	Debates,	Dramas	or	other	Extra-Curricular	activities	in			
	School, College and elsewhere									

16 Hobbies and other interests

17 a] Have you ever been arrested, prosecuted, kept under detention or : bound down / fined / convicted by a Court of Law or whether any case is pending against you in a Court of Law?

If yes, give full details

- b] Have you ever been debarred / disqualified by any institution from appearing at its examination / selection or debarred in any manner from any examination or rusticated by any University or any other educational authority / Institution ? If yes, give full details
- c] Is any case pending against you in any University or any other : educational authority / IBPS / Institution at the time of filling up this form? If yes, give full details
- d] Has any case been filed against you at present or in the past by any Bank, Insurance Company etc., for non-payment of any loan taken from them? If so, please give details
- 18 a] In case you are / were an employee of the Government/ Public Sector / Nationalized Bank/ Municipal Corpn.,/ Private Sector Organization, please state whether there is any disciplinary case pending against you or whether any disciplinary case was taken against you during the last 3 years of your service. If so, please give details
 - b] Were you ever removed, discharged/dismissed/made to resign from such service in the past? If so, please give details.

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19		Please furnish Name, Occupation and address of TWO respectable persons, NOT related to you,			
	k	be {	given as reference		[
		1]	Name :	2]	Name :
			Occupation : Address :		Occupation : Address :
			Address .		Address .
			Pin:		Pin:
20	Α	Addi	tional information if any, which you wish to furnis	h	:
The following are to be enclosed in the same order					
A. SELF ATTESTED COPIES OF :					
 a) Proof of Date of Birth [SSC / SSLC / X Std. Certificate with DOB or Birth Certificate]. b) Mark lists of SSC / SSLC, Graduation, Post Graduation etc passed by you, year-wise / semester-wise, if any. c) Certificate of graduation / post-graduation / other examinations passed. d) Caste certificate issued by the Competent Authority in the Govt. of India format in the case of SC/ST/OBC candidates. Necessary Certificate / documents if the candidate belongs to other sub-categories, if any. e) Medical certificate from the authorized Certifying Authority – i.e., Medical Board appointed by the State Govt. at District levels comprising of Chief Medical Officer / Sub-Divisional Medical Officer/s in the District and an Orthopaedic / Ophthalmologist / ENT Surgeon as the case may be, in the case of candidates belonging to Persons With Disabilities category. f) Printouts of Call Letter for GD & Interview and Identity Proof as mentioned in call letter. g) Experience or Service Certificate/s containing the details as mentioned in call letter from the employer/s regarding present and previous employment. h) Testimonials regarding proficiency in Curricular/Extra-curricular activities, if any. Note: Wherever photocopies are submitted, the originals of the same should be produced for verification. If there is any information available on the backside of the document, the same also should be copied and submitted. 					
B. ORIGINAL CERTIFICATES:					
2.					
hereby declare that the above statements are true, complete and correct and also that no facts have been suppressed. It is understood that employment, if any, offered to me is based upon the truthfulness of the statements made herein & in application and in the event of any information being found false or incorrect at a later date, my appointment is liable to be terminated. I further state that, if selected, I am willing to be posted to anywhere in India, at any of the branch/office including rural branches of the Bank.					
DATE: PLACE: SIGNATURE OF THE CANDIDATE					
FOR OFFICE USE					
Certificates Scrutinized by:					
Name :					
Desi	gnatio	on	:		
	e Ado		SS:		
Date	<u> </u>		:		Signature

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