

Paste
Passport size
photo

BIO-DATA

Please go through the instructions provided overleaf and follow them meticulously.
Candidate should fill up the details in his / her own handwriting.

Name			
Appointment / Engagement type	Through: IBPS <input type="radio"/>	Direct Recruitment <input type="radio"/>	In the case of Specialist Officers : (Specify Area of Specialization)
1. Regular Selection <input type="radio"/>	Appointment as:		
2. Campus Rectt. <input type="radio"/>	<input type="radio"/> Probationary Officer		
3. Sports Quota <input type="radio"/>	<input type="radio"/> Specialist Officer		
4. Contract <input type="radio"/>	<input type="radio"/> Clerks		
5. Compassionate <input type="radio"/>	<input type="radio"/> Others _____		
6. Others <input type="radio"/>			
Date of Written Test	<input type="text"/>	<input type="text"/>	DL of Interview

For Office Use Only
Not to be filled by the Candidate

SR Number with Check Digit	<input type="text"/>	OLD SR No. (in case of sub-staff promotees)	<input type="text"/>
Branch / Dept. / Office Posted:	<input type="text"/>	Date of Joining in the Posted branch / Dept. / Office	<input type="text"/>
CBS Code	<input type="text"/>		<input type="text"/>
IBGA Code	<input type="text"/>		<input type="text"/>
Designation :	<input type="text"/>	Scale :	<input type="text"/>

Forwarded: First Copy to CO/HRM, Chennai.

Second Copy to Zonal Office, _____

Date :

Signature of Branch Manager / Officer

Name :
SR No :
Designation :
Branch / Office :

Instructions for filling up BIO-DATA format

- (1) Name (in capital letters) and particulars of Date of Birth etc should be as per SSC / SSLC Certificate.
- (2) Wherever date is to be entered, it should be in the format : dd.mm.yyyy
- (3) Eg. The Date May 27, 1993 should be written as

2	7
---	---

0	5
---	---

1	9	9	3
---	---	---	---
- (4) Tick (✓) the appropriate option wherever O is provided.
- (5) All certificates wherever required should be in the prescribed proforma and issued only by the Competent Authority.
- (6) Abbreviations used in the BIO-DATA:

SC	-	Scheduled Caste
ST	-	Scheduled Tribe
OBC	-	Other Backward Class
Gen	-	General
- (7) If Certificate(s) other than original is/are enclosed, it/they should be attested by Self as well as by a Gazetted Officer.
 - a) Candidates belonging to SC/ST/OBC etc. must submit the respective Caste Certificate issued by the Competent Authority in the format prescribed by Govt. of India showing the Caste as notified by Government of India, failing which the claim of the candidate for the respective category may not be tenable.
 - b) Candidate belonging to OBC category should submit the latest OBC certificate issued by the Competent Authority not earlier than one year from the date of closure of application in the format prescribed by Govt. of India specifically mentioning the Creamy layer clause.
 - c) In the event of conversion or re-conversion to the Hindu or Sikh religion, adequate evidence, including a copy of the relevant Gazette Notification and also other documentary evidence should be furnished.
- (8) Page 10 may be used (i) to give complete details wherever space is not adequate and (ii) to furnish any other additional information.

Check List of Documents / Certificates to be submitted

- | | | | | |
|----|--|---|-------------------------------------|---|
| 1 | Belong to SC/ST/OBC | : | 1) Caste Certificate | 2) Declaration form (OBC) |
| 2 | Ex-serviceman | : | 1) Discharge Certificate | 2) Clear readable copy of PPO |
| 3 | Recruited under Sports Quota | : | Certificate/Form - I/II/III/IV. | |
| 4 | Persons With Disability | : | Certificate issued by Medical Board | |
| 5 | Address Proof | : | Attested copies of | 1. Passport copy 2. Voter ID
3. Ration card 4. Driving License |
| 6 | Spouse working other than in Indian Bank | : | Employer Certificate | |
| 7 | Educational Qualification Certificate | : | Copies of all certificates | |
| 8 | Candidates employed elsewhere before joining Indian Bank should submit a copy of relieving certificate in original from the last employer. | | | |
| 9 | Date of Birth-Proof (Secondary School Certificate/Birth Certificate) | | | |
| 10 | All other documents which are mentioned in the Appointment Order. | | | |

Name: _____

(2)

Full Signature: _____



MASTER DATA COLLECTION

PERSONAL DETAILS

Title -1 : ☐ Mr ☐ Ms ☐ Mrs

[illegible]

ADDITIONAL DETAILS

Gender	<input type="radio"/> Male	<input type="radio"/> Female	Marital Status (Unmarried, Married, Widow(er), Divorcee, Separated,)	
Date of Birth	<input type="text"/>	<input type="text"/>	No. of Children	
Birth Place & District			Of which dependant	
State			RELIGION :	
Mother Tongue			<input type="radio"/> Buddhism <input type="radio"/> Christianity <input type="radio"/> Hinduism <input type="radio"/> Islam <input type="radio"/> Sikhism <input type="radio"/> Zoroastrianism <input type="radio"/> Jainism <input type="radio"/> Judaism	
Nationality				

LANGUAGES KNOWN

LANGUAGES	Read	Write	Speak	LANGUAGES	Read	Write	Speak
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADDITIONAL PERSONAL DETAILS

GENERAL DATA

Native Place	District	State

BOND DATA

(Applicable for those jobs where execution of bond is mandatory)

(To be filled at the time of Execution of Bond)

[illegible]

Name : _____ Full Signature: _____



CATEGORY DETAILS

Category (SC / ST/OBC/Gen)	Caste Name	Caste Certificate Issued by	Date of issue
			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

Note : Refer Point no : 7 (a, b and c) of Instructions

Ex-serviceman ☐ Yes ☐ No

If yes, Army/ Air-force/Navy	Date of Joining Defence Service	Date & type of Discharge	Rank / Position at the time of discharge
	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
Presently Drawing Defence Pension	If yes, Pension Disbursing Authority	PPO Number (enclose copy)	Basic
<input type="radio"/> Yes <input type="radio"/> No	Commuted Basic, if commutation availed	Pension paying Bank & Branch	Family Pension Nominee

Details of Relatives working in Indian Bank

Sl No	SR Number	Name	Designation	Present Branch	Relationship
1					
2					
3					

Extra Curricular Activities

Nature of activity	
Achievements, if any	
Awards/ Certificates, if any	

Honorary Post Held Outside :

Name of the Post		Name of the Organisation	
PERIOD FROM :	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	PERIOD TO :	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

Blood Donor : ☐ Yes ☐ No

Blood Group with RH factor

Recruited under Sports Quota : ☐ Yes ☐ No

If yes, fill the details :

Name of Sports Discipline	Certification Form I / II / III ... etc	Date of Certificate / Form	Achievements	Present Status (Latest Level of participation)
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		

Name : _____ Full Signature: _____



Persons With Disability : ☐ Yes ☐ No

If Yes, tick appropriate item		<input type="radio"/> Visually Handicapped	<input type="radio"/> Hearing Impaired	<input type="radio"/> Orthopaedically Handicapped
Brief Description of disability			% of Disability	
Certified by Medical Board	<input type="radio"/> Yes <input type="radio"/> No	Cert. Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Ref No		Name of the Medical Board		
Enclose attested copy of Medical Certificate issued by Medical Board as per "The persons with Disabilities (Equal Opportunities, Protection of Rights & full Participation) Act, 1995" and amendments thereto.				

ADDRESS DETAILS

Residential Address with State & PIN Code	Permanent Address	Present Address
	PIN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PIN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Attested copies of any one of the following should be enclosed as Proof of address(es) mentioned above. <input type="radio"/> Passport Copy <input type="radio"/> Voter ID <input type="radio"/> Ration Card <input type="radio"/> Driving License <input type="radio"/> Aadhaar Card <input type="radio"/> Postal Identity Card		
Phone Number with STD code	(related to Permanent Address)	(related to Present Address)
Incase of Emergency	Contact Person : Address : Relationship : Phone : Mobile :	

DETAILS OF FAMILY MEMBERS

Members	Total	Out of which, dependant
1. Brothers		
2. Sisters		
3. Sons		
4. Daughters		
5. Others (give details)		

Name : _____ Full Signature: _____

Parents Details	Father	Mother
Name		
Date of Birth & Age	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Occupation		
Details of the Employer		
Monthly Income/Pension	Rs.	Rs.

Family Member	Spouse Details	Child-1 (dependant)
Gender (Male / Female)	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Name (in Capital Letters)		
Date of Birth (dd.mm.yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Birth Place & State		
Nationality		Not Applicable
Qualification(s)		
Occupation		
If PWD, nature of Challenge		
Nature of Job	<input type="radio"/> Temporary <input type="radio"/> Permanent	
Employer's Name	(Govt/ /Public Sector / Others)	Not Applicable
SR Number : (if working in Indian Bank)		Not Applicable
Post /-Designation / Nature of Business		Not Applicable
Present Place of posting / business		Not Applicable
Whether the job is Transferable	<input type="radio"/> Yes <input type="radio"/> No	Not Applicable

Family Member	Child-2 (dependant only)	Child-3 (dependant only)
Gender (Male / Female)	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Name (In Capital Letters)		
Date of Birth (dd.mm.yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Birth Place		
Qualification		
Occupation		
If PWD, furnish nature of Challenge		

(Details of more than 3 dependent children should be furnished in additional space provided for)

Name : _____ Full Signature: _____

EDUCATIONAL QUALIFICATION

(If Grade Point Average or Cumulative Grade Point Average has been awarded, please give details / formula for conversion)

Particulars	SSLC/SSC/X	Intermediate/High.Sec/XII	Graduation
Name of Course : Starting from SSC			
Name of the Institute / College / School			
Percentage of Marks			
Main Subject			
Name of University / Board			
No. of Attempts			
Date of Passing.	<div style="display: flex; justify-content: space-between;"><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div></div>	<div style="display: flex; justify-content: space-between;"><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div></div>	<div style="display: flex; justify-content: space-between;"><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div></div>
Full / Part time OR Correspondence Course	<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="radio"/> Full Time</div><div><input type="radio"/> Part Time</div><div><input type="radio"/> Correspondence</div></div>	<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="radio"/> Full Time</div><div><input type="radio"/> Part Time</div><div><input type="radio"/> Correspondence</div></div>	<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="radio"/> Full Time</div><div><input type="radio"/> Part Time</div><div><input type="radio"/> Correspondence</div></div>
Attested copies should be enclosed.	<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="radio"/> Final Certificate</div><div><input type="radio"/> Provisional Certificate</div></div>	<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="radio"/> Final Certificate</div><div><input type="radio"/> Provisional Certificate</div></div>	<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="radio"/> Final Certificate</div><div><input type="radio"/> Provisional Certificate</div></div>

Particulars	Post Graduation	Doctorate	Any Other
Name of Course : Starting from SSC			
Name of the Institute / College / School			
Percentage of Marks			
Main Subject			
Name of University / Board			
No. of Attempts			
Date of Passing.	<div style="display: flex; justify-content: space-between;"><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div></div>	<div style="display: flex; justify-content: space-between;"><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div></div>	<div style="display: flex; justify-content: space-between;"><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div></div>
Full / Part time OR Correspondence Course	<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="radio"/> Full Time</div><div><input type="radio"/> Part Time</div><div><input type="radio"/> Correspondence</div></div>	<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="radio"/> Full Time</div><div><input type="radio"/> Part Time</div><div><input type="radio"/> Correspondence</div></div>	<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="radio"/> Full Time</div><div><input type="radio"/> Part Time</div><div><input type="radio"/> Correspondence</div></div>
Attested copies should be enclosed.	<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="radio"/> Final Certificate</div><div><input type="radio"/> Provisional Certificate</div></div>	<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="radio"/> Final Certificate</div><div><input type="radio"/> Provisional Certificate</div></div>	<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="radio"/> Final Certificate</div><div><input type="radio"/> Provisional Certificate</div></div>

JAIIB/CAIIB/AIB (London) Completed status:		Attested Copies should be enclosed
Particulars	Specify the examination passed	Date of Passing
CAIIB-I or JAIIB		<div style="display: flex; justify-content: space-between;"><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div></div>
CAIIB-II		<div style="display: flex; justify-content: space-between;"><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div></div>
AIB(London)- I		<div style="display: flex; justify-content: space-between;"><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div></div>
AIB(London)- II		<div style="display: flex; justify-content: space-between;"><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div><div>□</div></div>

Name : _____ Full Signature: _____

Other Qualifications (Certificate / Short Term Diploma / PG Diploma / Computer related Course) - Attested Copies of Certificate(s) should be enclosed.		
	Course - 1	Course - 2
Name of Course		
Name of the Institute		
No. of Attempts		
Date of Passing	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Full / part time / Correspondence Course	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Correspondence	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Correspondence
Attested copies should be enclosed.	<input type="radio"/> Final Certificate <input type="radio"/> Provisional Certificate	<input type="radio"/> Final Certificate <input type="radio"/> Provisional Certificate

	Course - 3	Course - 4
Name of Course		
Name of the Institute		
No. of Attempts		
Date of Passing	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Full / part time / Correspondence Course	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Correspondence	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Correspondence
Attested copies should be enclosed.	<input type="radio"/> Final Certificate <input type="radio"/> Provisional Certificate	<input type="radio"/> Final Certificate <input type="radio"/> Provisional Certificate

In case of any Educational / Professional qualification being pursued at present Please furnish the details below:		
	Course - 1	Course - 2
Name of Course		
Name of the Institute		
Present Status of the Course		
Tentative date of completion	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Full / part time / Correspondence Course	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Correspondence	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Correspondence
Attested copy of Admission letter for joining the course		

Name : _____ Full Signature: _____

DETAILS OF PREVIOUS EMPLOYMENT / SELF EMPLOYMENT

(Starting with last employment)

1. ☐ Employment ☐ Self-Employment

Company Name		City			
Country		Industry		<input type="radio"/> Banking <input type="radio"/> IT Sector <input type="radio"/> Manufacturing <input type="radio"/> Others	
Designation		Specialization of Work			
Nature of Employment <input type="radio"/> Permanent <input type="radio"/> Temporary	Period of (Self) Employment	From:	<input type="text"/>	<input type="text"/>	Last Salary Drawn in case of employment
		To :	<input type="text"/>	<input type="text"/>	
Date of relieving Letter		<input type="text"/>	<input type="text"/>	<input type="text"/>	Remarks on Leaving

2. ☐ Employment ☐ Self-Employment

Company Name		City			
Country		Industry		<input type="radio"/> Banking <input type="radio"/> IT Sector <input type="radio"/> Manufacturing <input type="radio"/> Others	
Designation		Specialization of Work			
Nature of Employment <input type="radio"/> Permanent <input type="radio"/> Temporary	Period of (Self) Employment	From:	<input type="text"/>	<input type="text"/>	Last Salary Drawn in case of employment
		To :	<input type="text"/>	<input type="text"/>	
Date of relieving Letter		<input type="text"/>	<input type="text"/>	<input type="text"/>	Remarks on Leaving

3. ☐ Employment ☐ Self-Employment

Company Name		City			
Country		Industry		<input type="radio"/> Banking <input type="radio"/> IT Sector <input type="radio"/> Manufacturing <input type="radio"/> Others	
Designation		Specialization of Work			
Nature of Employment <input type="radio"/> Permanent <input type="radio"/> Temporary	Period of (Self) Employment	From:	<input type="text"/>	<input type="text"/>	Last Salary Drawn in case of employment
		To :	<input type="text"/>	<input type="text"/>	
Date of relieving Letter		<input type="text"/>	<input type="text"/>	<input type="text"/>	Remarks on Leaving

Name : _____ Full Signature: _____

Details of Personal ID

Email ID															
Mobile No.s															
Income Tax- PAN No.															
Driving License No.						Date of Issue					Place of Issue				
Voter ID Card No.						Date of Issue					Place of Issue				
Passport No.						Date of Issue					Place of Issue				

If appointment is on Contractual Basis:

Initial Period (Months/Years)	Maximum Period (Months/Years)	Notice Period for EMPLOYER (Days/Months)	Notice Period for EMPLOYEE (Days/Months)

Details for Police verification	Nearest Police Station for Permanent Address (Full address)	Nearest Superintendent of Police Office for Permanent Address (Full address)
	District:	District:
	State:	State:
	Pin :	Pin :

Details for Certificate verification	UG	PG
	Course:	Course:
	From Year: To Year:	From Year: To Year:
	Full Address of University/Final Certificate issuing Institution	Full Address of University/Final Certificate issuing Institution
	District:	District:
	State:	State:
		Pin :

Additional Space for furnishing Data (if any) :

S.No.	Details

Name : _____ Full Signature: _____

OTHER DETAILS:

1. Name of the Place(s) where you have lived in the last 10 Years:

S. No	Place	From (Year Only)	To (Year Only)
1			
2			
3			

2. Have you ever been arrested, prosecuted, kept under detention, or bound down/fined, convicted by Court of Law. If yes, please furnish full details.

3. Have you ever been debarred/disqualified by any institution from appearing at its examination / selection or debarred from any examinations, rusticated by any University or any other educational authority/Institution? If yes, please furnish full details.

4. Is any case pending against you in any Court of Law? If yes, please furnish full details.

5. Is any case pending against you in any University or any other educational authority / Institution at the time of filling up this form? If yes, please furnish full details.

6. Names, Occupation & Address of two respectable persons, not related to you, should be given as reference.

S.No	Name	Occupation/ Designation	Full Postal Address	Telephone Numbers

7. Have you been a member of any political party? If yes, please furnish full details.

8. Details of Immovable Property.

S. No.	In the Name of	Name of district/sub division/tehsil/taluk /village in which property is with Survey No.	Lands Present value in Lakhs	Housing and other buildings (Residential/ Commercial)
1	Self/ Spouse			
2	Father/ Mother			

Name: _____ (11) Full Signature: _____

DECLARATION

I hereby declare that the above statements are true and correct to the best of my knowledge and belief. I understand that if I am selected for employment, the offer of employment will be based upon the truthfulness of the statements made herein. I have no objection to the bank making enquiries at any time regarding the statement/s made by me in the application/bio-data in any manner the Bank decides to do so, inclusive of police enquiry into my antecedents. It is noted that in the event of any information being found false or incorrect, my selection & appointment in the Bank is liable to be terminated. I agree, if selected, to serve anywhere in India, including rural and semi-urban areas in the entities of the Bank.

Date :

Signature of the Applicant

Place :

Name in BLOCK Letters

(To be signed by the candidate in the presence of an Officer of the Bank to whom the Bio –Data is submitted)

For Office Use Only

Not to be filled by the Candidate

I have verified the Bio-Data/Testimonials/Certificates and the candidate has signed in my presence.

The basic data pertaining to the candidate has been entered in the HRM database and the Registration Number generated by the system is _____

Date :

Place :

Name :

SR No :

Designation :

Branch/Office :

Signature of Branch Manager/Officer