The Sonepat Urban Co-Op Bank Ltd. New Subzi Mandi Sonepat (Haryana)

<u>Application Form</u> Please read INSTRUCTIONS below before filling up the form:

- 1. This form comprises an essential part of the selection process at The **Sonepat Urban Co-Op Bank Ltd.Sonepat (Haryana).**
- 2. You are requested to fill all required details in your own handwriting.
- 3. Application form along with self attested documents should reach on or before 24.08.2024 in the bank head office at New Subzi Mandi Sonepat, Haryana. (Copy of Aadhar card is mandatory)
- 4. The information provided by you in this application form will be used by us or an authorised representative to conduct enquiries as may be necessary at our discretion.
- 5. This application form will not be returned back to you after the completion of the recruitment process.
- Any false statement or omission may render you liable for action, which may include disqualification of your application. In case you are offered employment or appointed, this may also lead to your dismissal.
- 7. Please visit our website: www.sucbs.com

TT TRACE VICITOR	550		100000100111				
Post Applied for:							
PERSONAL DETAILS						РНОТО	
Full Name							
Date of Birth (dd/mm/yyyy)			Age:		Nationality		
Place of birth					Gender	С	Female o Male
Martial status	o Ma	arried	o Single	9	o Divorced o	W	idow Others
Spouse Name					Spouse Occupation		
Mother's Name					Father's Name		
Aadhar Card Number					PAN Card Number		
ADDRESS:							
Present Address							
Telephone	STD/ISD Code:				lobile Number		
(Landline)		Tel:			Iternative Number		
Email ID							
Permanent Address							

Do you have any	y relation with e	employee worki	ng in The Soı	nepat Urban Co-Op	Bank Ltd.S	onepat?	
If yes, please provide the details below:							
Name :							
Relationship:							
Designation:							
Do you have any relation with Board of directors of The Sonepat Urban Co-Op Bank Ltd.Sonepat? o Yes o No							
If yes, please p	rovide the detai	ils below:					
Name :							
Relationship:							
Designation :							
EDUCATIONAL QUALIFICATIONS (10 th Standard onwards)							
Examination/ Degree	University/ Board name	Institute/ College/ School name	Year of Passing	Subjects studied/ Specialisation	Regular/ Corresp ondance	%Marks/ Rank	
Computer Exp	erience						
				Duretien /fre		- mm/m/	
Name of organization				Duration (fro	iii iiiiiiyyy t	о пппууу)	

OTHER INFORMATION

Occupation: (if in busine	ss)						
Brief description of prese	ent w	ork:					
EMPLOYMENT DETAIL: ((if in	service)					
		Present E	mploy	ment			
Name and address of Employer							
Brief information about the organisation							
Designation and department		Job description (including key achievements)					
Duration (from mm/yy to mm/yy)							
Reason for leaving							
Last Salary Drawn							
Reporting to (name & designation)			Ema	il id			
Mobile No			Office No.				
		Previo	us Em	ployment			
Name and address of Employer							
Brief information about organisation	the						
Designation and department				Job description (including key achievements)			
Duration (from mm/yy to mm/yy)							
Reason for leaving							
Last Salary Drawn							
Reporting to (name & designation)				Email id			
Mobile No				Office No.			

Declaration

I declare that the information given in this form is true and complete to the best of my knowledge and belief. I understand that any false statement or omission may render me liable for action, which may include dismissal or rejection of application form.

Signature:	Date:						
For Office Use Only							
Application Number:	Date of Receipt of Application:						
Remark:							
	Sign of Receiving Officer/Clerk:						