SANGLI URBAN CO-OPERATIVE BANK LTD; SANGLI

(Scheduled Co-op.Bank)

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NOTE -	1.	Certif	icate co	pies of	suppor	ting do	cumer	nts sho	uld atta	ched to	this ap	plicatio	n				
	2. While filling this application, if sufficient space is not available, then rem separately with this application format mentioning number given in this application.													ation sh	ould be	atta	ched
	separat	ely with	this ap	plicatio	n forma	at men	tioning	numbe	er given	in this	applica	tion for	mat.				
1. Name in full	First																
(English-	Middle																
CAPITAL LETTERS)	Last													Pa	ste Pas	sport si	ze
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3.Date of Birth	D	D	М	М	Υ	Υ	Υ	Υ									
4. Educational (L Qualifica	tions	<u>I</u>				<u>I</u>		1								
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1												Institute		(%) of M arks			
Graduation																	
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Other																	
5. Details of Wo	rk Experi	ience.															
Employer Name and Address				Designation Nature of V					Vork Pe			eriod		Duration			
							(In short)		F rom		То		Years		Мо	nth	
0 B		1															
6. Postal Address English-in CAPITAL												E-mail ID					
LETTERS																	
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I declare that the information furnished above is true and correct to the best of my knowledge and belief. I understand that, if at any stage, if any information given in this application is false / incorrect or that I do not satisfy the eligibility criteria according to the Bank. My candidature /appointment is liable to be cancelled / terminated. I have read and understood the stipulations given in the advertisement and hereby undertake to abide by them.

Date : Signature of the Applicant