## SANGLI URBAN CO-OPERATIVE BANK LTD; SANGLI

(Scheduled Co-op.Bank)

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				Applica	ation f	orm fo	r Seni	or Offic	er at l	Head (	Office S	angli					
NOTE -	1. Certificate copies of supporting documents should attached to this application																
	2.	While filling this application, if sufficient space is not available, then rema												ation sh	ould be	e atta	ched
	separately with this application format mentioning number given in this application format.																
1. Name in full	First																
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5 . Details of Wo	nrk Evne	rience															
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Employer Name and Address			Designation Nature of V							eriod		Duration					
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6. Postal Address								E-mail ID									
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Dist. State				4									Telephone with STD Code				
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Pin Code																	

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.

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Date : Signature of the Applicant