

Annexure- I

APPLICATION FOR THE POST OF TRAINEE OFFICERS & TRAINEE CLERKS IN THE MAHARASHTRA STATE COOPERATIVE BANK LTD., MUMBAI.

1. POST CODE : _____ APPLIED FOR : _____

2. NAME: MR./MRS. _____

(IN CAPITAL LETTERS) First Name Middle Name Last Name

3. FATHER NAME: _____

4. DATE OF BIRTH : -----/-----/-----

DD MM YYYY

Age as on 31st December 2019: _____ Years _____ Months _____ Days

5. ADDRESS FOR COMMUNICATION: _____

(With PIN CODE) _____

a. Aadhar Number :

b. PAN Number :

c. Category

(General/SC/ST/ OBC / SBC/
SEBC/ EWS/VJ-A, NT-B-C-D/
PWD.) :

6. Telephone No. (With STD Code) :

a. Mobile No. :

b. E-mail Id :

7. **EDUCATIONAL QUALIFICATION** :

Sr. No.	Examination Passed	Year of Passing	Board/ University/ Institution	Marks (%)	Stream (Arts, Science, Commerce, etc)
1	SSC				
2	HSC				
3	Graduation				
4	Post-Graduation				
5	Any other (PI- specify)				

Note: Pl. attach self-attested copies of relevant documents to support information provided by the candidate in the above table.

8. ADDITIONAL/ PROFESSIONAL QUALIFICATION:

Sr. No.	Professional Qualification	Year of passing

Note: Pl. attach self-attested copies of relevant documents to support information provided by the candidate in the above table.

9. LANGUAGE PROFICIENCY:

Sr. No.	Language	READ	WRITE	SPOKEN

Note : Knowledge of Marathi language (Read /Write/Spoken) is mandatory.

10. OTHER ACHIEVEMENTS:

Sr. No.	Particulars	Award/Certificate/ Scholarship	Proficiency in Games/Sports	Proficiency in literary work/art/culture

Note: Pl. attach self-attested copies of relevant documents to support information provided by the candidate in the above table.

11. EMPLOYMENT EXPERIENCE:

Sr. No.	Name of the Employer	Designation	Service Period		Gross Monthly Pay (in Rs.)	Place	Reason for Leaving
			From	To			

Note: Pl. attach self-attested copies of relevant documents to support information provided by the candidate in the above table.

12. FEES PAYMENT DETAILS: - Payment Amount Rs.: _____

- Payment date. _____

- UTR No. / Transaction No. _____

13. ANY OTHER INFORMATION: _____

Declaration: I hereby declare that, a) I have read the advertisement and agree to the conditions mentioned there in. b) The above information is correct to the best of my knowledge & belief. In case above information is found to be incorrect at a later date, I will be liable for any disciplinary action taken in that regard by the Bank, and I promise to abide by the Banks decision.

NAME

SIGNATURE

DATE

For Office Use Only :

Application Receipt No. : _____ Application Received Date: _____

Post Code : _____ Post Applied for : _____

Received By

Checked By