UTTARAKHAND STATE CO-OPERATIVE BANK LTD. (Apex Bank)

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A. THE ADVERTISED POST

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उत्तराखण्ड राज्य सहकारी बैंक लि0 (शीर्ष बैंक)

प्रधान कार्यालय : प्रशासनिक कार्यालय,नैनीताल रोड,हल्द्वानी

Ph.: 05946-245097, 245115 Fax No.245098, E-mail :uscbho@rediffmail.com

Please affix your photograph here

APPLICATION FORM

First Name						
Second Name						
Father's Name						
Date of Birth (with Age in years)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DOB	Year	Month	Days	
Nationality						
Martial Status						
Whether belongs to reserve category (Yes/No) Category details						
Gender		FEMALE		MALE		
Do you have a disability?		YES		NO		
			1			

Name of School / Institution	Name of qualificatio	n	Percentage/Gra	de	Year		
E. Additional QUALIFICATION Institution	Name of qualificati	on	Grade		Year		
F. WORK EXPERIENCE Employer (including current employer)	Post held	From MM YY	To MM YY		Reason for Leaving		
If you were previously employed i	your re-employmen	t	ther	YES	NO		
If yes, provide the name of the department and attach originals.	e previous emplo	tificate					
Name	Relationship to yo	Relationship to you		ice hours)			
EGI A DATION							
ECLARATION I declare that all the information nowledge. I understand that any	taise intormation su	any attachm pplied could f I am appoir	tedd to my appn	e and correc cation being	t to the best of disqualified (
		Date:					