

APPLICATION FORMAT
APPLICATION FOR THE POST OF GENERAL MANAGER

To,

**The Managing Director,
Jogindra Central Cooperative Bank Ltd.,
Head Office: Rajgarh Road,
Solan, District Solan,
H.P. - 173212**

Paste a recent
passport size
photograph here and
sign across it in full
with date
(Please hold with you
two copies of same
photograph for
subsequent use)

Application along with photocopies of testimonials should reach the Bank by 16-08-2018.

1. **FULL NAME:** Shri / Smt / Kum : _____
(IN CAPITAL LETTERS)
2. **SEX:** Male _____ Female _____
3. a) **PERMANENT ADDRESS** (in block letters)

City : _____ Pin Code : _____
- b) **CORRESPONDENCE ADDRESS** (in block letters)

City : _____ Pin Code : _____

Phone : _____ STD Code: _____ Phone No: _____
Mobile No. _____ e-mail ID. _____ @ _____
4. **DATE OF BIRTH*** (DD/MM/YYYY): ___/___/_____
(Proof to be attached) **AGE :** ___ Years ___ Months
(as on 01-07-2018)
5. **CATEGORY :** **SC / ST / OBC / General** (Strike out whichever not applicable)
6. **FATHER'S/HUSBAND'S NAME:** Shri _____
7. **EDUCATIONAL QUALIFICATION:** _____

8. EXPERIENCE:

| Name of Organization served | Period of experience | | Post held |
|-----------------------------|----------------------|----|-----------|
| | From | To | |
| | | | |
| | | | |
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A write-up on work responsibility/ special achievement to be enclosed along with copies of experience certificates.

9. LAST PAY DRAWN:

Last pay certificate issued by the institution (last served) : _____

10. AMOUNT OF PENSION PRESENTLY DRAWN

Attach relevant certificate issued by appropriate authority : _____

11. ANY OTHER RELEVANT INFORMATION :

In case of insufficient space for qualification, experience etc. candidates may attach separate sheet.

12. DECLARATION:

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue or incorrect at any stage or my not satisfying any of the eligibility criteria, my candidature is liable to be cancelled.

PLACE: _____

SIGNATURE : _____

DATE : ____ ____ 2018

NAME OF CANDIDATE : _____

(in block letters)

List of Enclosures

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.