

The Sonapat Urban Co-Op Bank Ltd. New Subzi Mandi Sonapat (Haryana)

Application Form

Please read INSTRUCTIONS below before filling up the form:

1. This form comprises an essential part of the selection process at The **Sonapat Urban Co-Op Bank Ltd.Sonapat (Haryana)**.
2. You are requested to fill all required details in your own handwriting.
3. Application form along with self attested documents should reach on or before **31.12.2024** in the bank head office at New Subzi Mandi Sonapat,Haryana.(Copy of Aadhar card is mandatory)
4. The information provided by you in this application form will be used by us or an authorised representative to conduct enquiries as may be necessary at our discretion.
5. This application form will not be returned back to you after the completion of the recruitment process.
6. Any false statement or omission may render you liable for action, which may include disqualification of your application. In case you are offered employment or appointed, this may also lead to your dismissal.
7. Please visit our website: www.sucbs.com

Post Applied for:				PHOTO
PERSONAL DETAILS				
Full Name				
Date of Birth (dd/mm/yyyy)		Age:	Nationality	
Place of birth			Gender	<input type="radio"/> Female <input type="radio"/> Male
Marital status	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Widow Others			
Spouse Name			Spouse Occupation	
Mother's Name			Father's Name	
Aadhar Card Number			PAN Card Number	
ADDRESS:				
Present Address				
Telephone (Landline)	STD/ISD Code:		Mobile Number	
	Tel:		Alternative Number	
Email ID				
Permanent Address				

OTHER INFORMATION

Do you have any relation with employee working in The Sonepat Urban Co-Op Bank Ltd.Sonepat?

Yes No

If yes, please provide the details below:

Name :

Relationship :

Designation :

Do you have any relation with Board of directors of The Sonepat Urban Co-Op Bank Ltd.Sonepat?

Yes No

If yes, please provide the details below:

Name :

Relationship :

Designation :

EDUCATIONAL QUALIFICATIONS (10th Standard onwards)

Examination/ Degree	University/ Board name	Institute/ College/ School name	Year of Passing	Subjects studied/ Specialisation	Regular/ Corresp ondance	%Marks/ Rank

Computer Experience

Name of organization	Duration (from mm/yy to mm/yy)

Occupation: (if in business)

Brief description of present work:

EMPLOYMENT DETAIL: (if in service)

Present Employment

Name and address of Employer			
Brief information about the organisation			
Designation and department		Job description (including key achievements)	
Duration (from mm/yy to mm/yy)			
Reason for leaving			
Last Salary Drawn			
Reporting to (name & designation)		Email id	
Mobile No		Office No.	

Previous Employment

Name and address of Employer				
Brief information about the organisation				
Designation and department		Job description (including key achievements)		
Duration (from mm/yy to mm/yy)				
Reason for leaving				
Last Salary Drawn				
Reporting to (name & designation)		Email id		
Mobile No		Office No.		

Declaration

I declare that the information given in this form is true and complete to the best of my knowledge and belief. I understand that any false statement or omission may render me liable for action, which may include dismissal or rejection of application form.

Signature: _____ Date: _____

For Office Use Only

<u>Application Number:</u>	<u>Date of Receipt of Application:</u>
<u>Remark:</u>	<u>Sign of Receiving Officer/Clerk:</u>