

# 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 24.08.2024 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](http://www.sucbs.com)

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

**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 (10<sup>th</sup> 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)

<b>Occupation: (if in business)</b>			
Brief description of present work:			
<b>EMPLOYMENT DETAIL: (if in service)</b>			
<b>Present Employment</b>			
<b>Name and address of Employer</b>			
<b>Brief information about the organisation</b>			
<b>Designation and department</b>		<b>Job description (including key achievements)</b>	
<b>Duration</b> (from mm/yy to mm/yy)			
<b>Reason for leaving</b>			
<b>Last Salary Drawn</b>			
<b>Reporting to</b> (name & designation)		<b>Email id</b>	
<b>Mobile No</b>		<b>Office No.</b>	

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

**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**

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