



THE DISTRICT CO-OPERATIVE CENTRAL BANK LTD

Door.No.46-1-C, Budhawarpeta , Opp: Govt. Regional Eye Hospital
KURNOOL - 518 002

E.Mail : dccbkn1@yahoo.com Fax No.08518-255510

Telephone No.(STD CODE No:08518) 255342,255730,649414

వి జిల్లా సహకార కేంద్ర బ్యాంకు లి.,

ఇంటి.నెం. 46-1-సి, బుధవారపేట, ప్రభుత్వ కంటి హాస్పిటల్ ఎదురుగా
కర్నూలు-518 002

(Bring this Bio-Data form duly filled in and submit at the time of document verification)

PLEASE FILL THE FOLLOWING INFORMATION IN BLOCK LETTERS

1. **ROLL NO.** : _____

2. **FULL NAME**(as per SSC Certificate)

PLEASE PASTE A
RECENT
PHOTOGRAPH
AND SIGN
ACROSS IN
FULL (PASSPORT
SIZE)

Mr./Ms./Mrs. _____

3. ADDRESS FOR CORRESPONDENCE :

CITY	PIN

Cell No. : _____ e-mail id: _____

4. **DATE OF BIRTH :**

(As per proof of)

DD MM YYYY

5. **GENDER :**

(indicate by _/ mark in appropriate box)

MALE

FEMALE

6. **MARITAL STATUS :** _____

7. **WHETHER CANDIDATE ACQUIRED**

PROFICIENCY IN TELUGU & KNOWLEDGE OF ENGLISH

YES / NO

8. (a) DETAILS OF EDUCATIONAL QUALIFICATIONS :

Qualification	University/ Institute/ Board	Year of Passing	Division/ Class	Marks in % *	Subjects studied
Classes X IX					SSC/CBSE/ICES
Intermediate or equivalent					
Graduation					
Post - Graduation					

11 (b) ADDITIONAL QUALIFICATIONS, if any :

Name of the Course	University/ Institute	Duration of Course	Division / Class/ Grade	Marks %	Subjects covered

* The percentage of marks in graduation shall be arrived at by dividing the aggregate/total marks obtained by the candidate in all subjects, **as graded by the concerned University/ Board**, with the aggregate maximum marks of the examination passed for all the years of the examination.

9. DETAILS OF EXPERIENCE, if any:

Organization	Post held	Nature of job	Period of service (Dates)		No. of completed years of service
			From	To	
Total period of experience (in years)					

DECLARATION

I hereby declare that all the statements made in this application are true and if any of the particulars furnished by me are found to be incorrect or suppressed, my candidature is liable to be rejected at any stage of the selection process. Even though it is found after my appointment in APCOB that the particulars furnished by me are incorrect or have been suppressed, my services are liable to be terminated without any notice.

PLACE: _____

DATE: _____

SIGNATURE OF CANDIDATE

NAME OF THE CANDIDATE