



THE DISTRICT CO-OPERATIVE CENTRAL BANK LTD
Door.No.46-1-C, Budhawarpeta , Opp: Govt. Regional Eye Hospital
KURNOOL – 518 002

E.Mail : ceo.krnl@kurnooldccb.com

Fax No.08518-255510

RBI License No. RPCD.Co-op(H). 18/05.08.01/2011-12

వి జిల్లా సహకార కేంద్ర చైర్మన్ లి.,

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



International Year
of Cooperatives

PLEASE FILL THE FOLLOWING INFORMATION IN BLOCK LETTERS

1. ROLL NO. : _____

2. FULL NAME (as per SSC Certificate)
Mr./Ms./Mrs. _____

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

3. ADDRESS FOR CORRESPONDENCE :

CITY	PIN
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Cell No. : _____ e-mail id: _____

4. DATE OF BIRTH : DD MM YYYY
(As per proof of)

5. GENDER : MALE ☐ FEMALE ☐
(indicate by _/ mark in appropriate box)

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:

Organisation	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 Kurnool DCC Bank 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