

BANK OF MAHARASHTRA

HRM DEPTT, H.O., PUNE 411005 STAFF INVENTORY PROFORMA

Paste your latest photograph here

<u>N.B</u>	2	ALL BOXES WILL BE FILLED PLEASE WRITE ON LINES A STRIKE OUT OPTION WHIC DATES SHOULD BE FILLED I	AND TIC H IS NOT	K WH APPLI	EREV CAB	ER A LE.	PPLI(CAB	LE.	IN	SOMI	E C	ASES
01	EMI	PLOYEE ID No. :] [
02	NΔI	ME IN CAPITAL LETTERS :											
0_	a.	Surname											
	b.	Name				$\dagger \dagger$							
	a.	Father's Name										Ħ	
		Husband's name (in case of married woman)											
03	DA	E OF BIRTH:	PLACE C	OF BIRT	Н			_					
04	НО	ME STATE :											
05	GE	NDER: MALE / FEMALE											
06	REL	GION : HINDU/MOHAMMEDAN	CHRISTIA	N/PAR	SI/SIK	(H/NE	O-Bl	JDDI	HIST/	JAIN	I ETC.	_	
07	CA	STE : GENERAL / SC/ST/OBC/	DA	TE OF (CASTE	E CER	ΓIFIC	ATE-					
08	EX-	SERVICEMAN : YES / NO											
09	PHY	SICALLY HANDICAPPED : YES / N	IO If yes,	Blind/[Deaf a	& Dur	nb/C	Orth I	Han	d/ot	hers		
	DIS	ABILITY AS PER MEDIO	CAL BOAI	RD CER	RTIFIC	ATE A	ND E	ATE:					
10	NO	OF DEPENDENTS :											
11	ОТН	IER HANDICAPPED, IF ANY: YES	/ NO										
12	MA	RITAL STATUS : (MARRIED/UNMA	RRIED/WII	DOW/I	DIVOI	RCEE)							
13	SPC	DUSE WORKING: YES / NO. If Ye	S,										
	1. \	With our Bank 2. Other Inst	itution	3. Pla	ace o	f post	ing c	of Sp	ouse	€.			
14	SPC	PRTSMAN IF ANY: YES / NO. If Y	es, Name	e of Sp	orts								
	l ev	el of participation · School/Univ	ersity/Dist	rict/St:	ate/N	lation	al/ln	tern:	atio	nal		Γ	\neg

Awards received if any: State / National

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	9.	Others if	any																								_			
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: 3 : **LANGUAGES KNOWN**: (Please tick under the words of Speak, Read, Write) SPEAK READ WRITE SPEAK **READ** WRITE Mother Tongue **b)** English c) Hindi **d)** Marathi e) Any other f) declare that the above information is correct to be best of my knowledge. I hereby authorize the Bank to disclose all or any particulars /details / above information submitted by me with the bank to any Institution/ Government / Organisation/ an agency (ies) as may be considered necessary / desirable / in case of need by the Bank. Place: Signature Date: Name Designation: TO BE FILLED IN BY THE STAFF DEPARTMENT PERSONAL FILE No. : 02 | BIODATA FILE No. : SIGNATURE CODE No.

Endorsement of the Manager / Departmental Head Information stated by the employee is verified from personal file at our end.

Place : Signature :

Date : Name :

Designation :

04 NO. OF STAGNATION INCREMENTS GIVEN: 0/1/2

05 | MONTH OF INCREMENT :