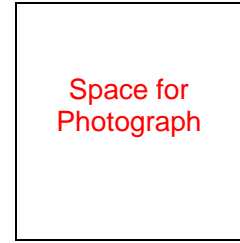




BIODATA

EMPLOYEE PF No: -



NAME: -

Post :-

Appointment / Engagement Type	Recruited through	In the case of Specialist Officers
1. Direct Recruitment	IBPS <input type="checkbox"/>	Specify Area of Specialization
2. Campus Selection	Direct Recruitment <input type="checkbox"/>	
3. Sports Ground	Appointed as: -	
4. Contract	o Probationary Officer.	
5. Compassionate	o Specialist Officer.	
6. Erstwhile services, now merged in our bank	o Clerk.	
7. Employment Exchange	o Others.	
8. Through Zilla Sainik Board		
9. Others		

PERSONAL DETAILS.

Name of Candidate: -

Gender		Marital Status:-
Date of Birth		No. of Children:-
Place of Birth & District		Of which dependent:-
State		Religion:-
Mother Tongue		Category:-
Nationality		Hometown & State:-
Native Place		District & Place:-

LANGUAGES KNOWN

Languages	Read	Write	Speak	Languages	Read	Write	Speak
1				4			
2				5			
3				6			

SECURITY DEPOSIT / PERSONAL SURETY BOND

Probation Period				
Type of Bond	Bond Signed Date	Start Date	Bond Period	Bond Amount
	Date:-	Date	_____ Yrs	Rs.



CATEGORY DETAILS

Category (SC/ST/OBC/EWS/UR)	Caste & Sub-Caste	Caste Certificate issued by	Date of issue	Date of Caste Validity by scrutiny committee.

EX-SERVICEMEN: - YES NO

If yes, Army / Air-force/ Navy	Date of Joining Defence Service	Date & Type of Discharge	Rank/Position at the time of Discharge
	Date:-		
Presently Drawing Defense Pension <input type="radio"/> Yes <input type="radio"/> No	If Yes, Pension Disbursing Authority		PPO Number
	Commuted Basic, if commutation availed	Pension paying Bank & Branch	Family Pension Nominee

DETAILS OF RELATIVES WORKING IN BANK OF MAHARASHTRA

Sr	Name	Designation	Present Branch	Relationship
1				
2				
3				

EXTRA CURRICULAR ACTIVITIES

Nature of Activity	
Achievements if any	
Awards / Certificate, if any	

RECRUITED UNDER SPORTS QUOTA: - IF YES, FILL DETAILS.

Name of Sports Discipline	Certification	Date of Certificate	Achievements	Present Status (Level of Participation)



PERSONS WITH BENCHMARK DISABILITIES.: - YES: - NO: -

Type of Disability	VI:-	HI:-	OC:	ID:-
Brief Description of disability				
% of disability				
Certificate issued by Medical Board				
Certificate No & Date				
Ref No				
Name of Medical Board				
Whether medical certificate issued as per prescribed format.				

ADDRESS DETAILS.

Residential Address with State & PIN Code	Permanent Address	Correspondence Address
	PIN CODE:-	PIN CODE:-

Self-attested copies of address proof should be enclosed.

DETAILS OF FAMILY MEMBERS.

Members	Presently working	Name of Organization	Gross Emoluments	Whether dependent on you
01.Father				
02.Mother				
03.Brother				
04.Son				
05.Daughter				
06.Others				

Parents Details	Father	Mother
Name		
Date of Birth		
Occupation		
Details of the Employer		
Monthly Income / pension		

Family Member	Spouse Details	Children
Name		



Gender		
Date of Birth		
Birth Place, Dist & State		
Nationality		
Qualification(s)		
Occupation		
If PwD give details		
Employer Name		
Whether job is transferable		

(Details of more than dependent children a separate sheet should be used)

EDUCATIONAL QUALIFICATION.

Particulars	SSC/SSLC	Intermediate/HSC	Graduation	Post-Graduation	Professional Qualification
Name of Course					
Discipline					
Name of College					
Percentage obtained					
Main Subjects					
Name of Board/University					
Date of Passing					

DETAILS OF PREVIOUS EMPLOYMENT / SELF EMPLOYMENT

Particulars	I	II	III
Employment / Self - Employment			
Name of Organization			
Industry/Sector			
Designation			
Date of Joining			
Place of Posting			
Period of Employment			



Last Drawn Salary			
Date of Relieving			
Reason for Leaving			

IF APPOINTMENT IS ON CONTRACTUAL BASIS: -

Date of Joining	Name of Organization	Designation	Period

DETAILS OF PERSONAL IDENTIFICATION.

E Mail ID			
Mobile No.			
PAN NO			
Aadhar No.		Date & Place of Issue	
Driving License Details		Date & Place of Issue	
Votar ID Card No.		Date & Place of Issue	
Passport No.		Date & Place of Issue	

DETAILS OF POLICE VERIFICATION.

1	Application No. & Date.	
2	Nearest Police Station for Permanent Address	
3	Acknowledge No & Date.	
4	Police Verification Ref No & Date.	

DETAILS OF CATEGORY CERTIFICATE VERIFICATION.

1	Application No. & Date	
2	Address of Office who has issued certificate	
3	Acknowledge No & Date.	
4	Verification Ref No & Date.	

DETAILS OF LOAN AVAILED PRIOR TO JOIN THE BANK.

Particulars	I	II	III
Purpose of Loan			
Account No.			
Loan Amount			



Outstanding Amt.			
Name of Bank & Br.			
Date of availment			
Single / Jointly			

- Names, occupation & address of two respectable persons, not related to you, should be given as reference.

Sr	Name	Occupation / Designation	Full Postal Address	Contact Details
1				
2				

- Have you been a member of any political party? If yes, please furnish the full details.

To be filled by Office / Department: -

- PERSONAL FILE NO :
- BIODATA FILE NO:
- SIGNATURE CODE NO:
- NO OF STAGNATION INCREMENT GIVEN:
- MONTH OF INCREMENT:
- INCREMENT REGISTER PAGE NO
- EMPLOYEE STATUS

Endorsement of the Manager / Departmental Head: - Information stated by the employee is verified and found correct / incorrect.

Place : Signature :
Date : Name :
Designation :