

**THE PANIPAT URBAN CO-OPERATIVE BANK LTD.**  
**PUCB**  
**Multi State Bank**

**The Panipat Urban Co-Operative Bank Ltd.**

**#932-935, ॐ City Centre, G.T Road, Panipat (Haryana)**

**Application Form**

**Please read below INSTRUCTIONS before filling up the form:**

1. This form comprises an essential part of the selection process at The Panipat Urban Co-Op Bank Ltd.
2. You are requested to fill all required fields in your own handwriting. **Star (\*)** marked fields are mandatory to fill.
3. Application form along with CV and self-attested documents should reach on or before closing date in the bank Head Office at #932-935, ॐ City Centre, G.T Road, Panipat, Haryana.
4. The information provided by you in this application form will be used by us or an authorized 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. For more details, visit our website: [www.pucb.in](http://www.pucb.in)

|                                   |  |                           |                |  |
|-----------------------------------|--|---------------------------|----------------|--|
| <b>Post Applied For:</b>          |  |                           |                | PHOTO  |
| <b>Personal Details:</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"/> Male <input type="radio"/> Female<br><input type="radio"/> Transgender |
| <b>Marital Status:</b>            | <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widow <input type="radio"/> Others |                           |                |  |
| <b>Spouse Name:</b>               |  | <b>Spouse Occupation:</b> |                |  |
| <b>Mother Name:</b>               |  | <b>Mother Occupation:</b> |                |  |
| <b>Father Name:</b>               |  | <b>Father Occupation:</b> |                |  |
| <b>Aadhar 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>Alternate Number:</b>  |                |  |
| <b>E-mail ID * :</b>              |  |                           |                |  |
| <b>Permanent Address:</b>         |  |                           |                |  |

**OTHER INFORMATION:**

Do you have any relation with employee working in The Panipat Urban Co-Op Bank Ltd.?

Yes  No

If yes, please provide the details below:

Name :

Designation :

Relationship :

Do you have any relation with Board of Directors of The Panipat Urban Co-Op Bank Ltd.?

Yes  No

If yes, please provide the details below:

Name :

Designation:

Relationship:

**EDUCATIONAL QUALIFICATIONS: (10th Standard onwards)**

| Examination/<br>Degree | University/<br>Board<br>Name | Institute/<br>College/<br>School<br>name | Year of<br>Passing | Subjects<br>studied/<br>Specialization | Regular/<br>Correspon<br>dence | %Marks/ Rank |
|------------------------|------------------------------|--|--------------------|--|--------------------------------|--------------|
|                        |                              |  |                    |  |                                |              |
|                        |                              |  |                    |  |                                |              |
|                        |                              |  |                    |  |                                |              |
|                        |                              |  |                    |  |                                |              |
|                        |                              |  |                    |  |                                |              |
|                        |                              |  |                    |  |                                |              |
|                        |                              |  |                    |  |                                |              |
|                        |                              |  |                    |  |                                |              |

**COMPUTER EXPERIENCE:**

| Name of organization | Duration (from mm/yyyy to mm/yyyy) |
|----------------------|------------------------------------|
|                      |                                    |
|                      |                                    |
|                      |                                    |

**OCCUPATION: (if in business)**

Brief description of present work:

**EMPLOYMENT DETAIL: (if in service)****PRESENT EMPLOYMENT**

Name &amp; Address of the Employer:

Brief information about Organization:

Designation and Department:

Duration: (from mm/yyyy to mm/yyyy)

Reason for leaving:

Last Salary Drawn:

Reporting to (Name &amp; Designation) :

Mobile No :

Job description (including key achievements):

Email id :

Office No. :

**PREVIOUS EMPLOYMENT**

Name &amp; Address of the Employer:

Brief information about Organization:

Designation and Department:

Duration: (from mm/yyyy to mm/yyyy)

Reason for leaving:

Last Salary Drawn:

Reporting to (Name &amp; Designation) :

Mobile No.:

Job description (including key achievements):

Email id:

Office No.:

**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: \_\_\_\_\_

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| For Office Use Only |                                  |
|---------------------|----------------------------------|
| Application Number: | Date of Receipt of Application:  |
| Remarks:            | Sign of Receiving Officer/Clerk: |