

PUNJAB & SIND BANK

(A Govt. of India Undertaking)



PROFORMA TO BE FILLED AT THE TIME OF JOINING

* Please fill up all the columns of this sheet

PF Code: _____
File No.: _____
(Not to be filled by candidate)

PERSONAL DETAILS

Name: _____
(As per Matriculation Certificate)

Father's Name: _____

Mother's Name: _____

Name of Spouse: _____

Date of Birth: / / Gender: Male/Female Category: SC/ST/OBC/GEN

Joined As: _____ Joined on: / / 20__

Physically Handicapped: OC/HI/VI Ex-Serviceman: Yes/No

Marital Status: Married/Un-married/Widow/Divorcee) Religion: _____

City of Domicile: _____ State of Domicile: _____

Mobile No.: _____ e-mail id: _____

Qualification(s)

	EXAMINATION PASSED/PURSUING (if any)		Date/Year of Passing
	EXAMINATION PASSED	PURSUING	
ACADEMIC			
PROFESSIONAL			
BANKING			
OTHERS			

Proficiency in Hindi:

Tick only one (a), (b) or (c)		Description of Proficiency (tick one)
(a)	Proficient in Hindi	(i) Metric or higher exam in Hindi medium (ii) Hindi as one subject in degree/higher exam
(b)	Working knowledge in Hindi	(i) Metric/Higher exam with Hindi as one subject (ii) Pragya/any other exam conducted by GOI (iii) Any other exam specified by GOI
(c)	No knowledge of Hindi	

Declaration:

I hereby declare that all the information furnished in this application are true & correct to the best of my knowledge and belief.

Place:

Date:

Signatures of Candidate

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Checking Official should ensure that the above information is correct.

Place:

Date:

Signatures of Checking Official alongwith Name/Des/Pfcode

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1. Full Name: _____
2. Designation: _____
3. Date of Birth: _____ 4. Height _____ cms
5. Academic Qualifications: _____

Affix recent passport
size photograph

6. Professional & Vocational Qualifications: _____
7. Caste: _____ Religion: _____ Marital Status _____
If Married, Name of Spouse: _____ Age: _____
Name of Children(s) _____ Age: _____

8. Permanent Address: _____

9. Present Address: _____

10. Place of Domicile, City: _____ State: _____

11. Marks of Identification Complexion _____ Built : Thin/Medium/Heavy
Any peculiarity in appearance, Speech etc. _____

12. Relationship with any employee or Director of the Bank, if any, give name & Address:

13. Date of Appointment Letter: _____ 14. Date of Joining _____

14. Date of signing Photograph: _____ 15. Initials of Employee

16. Left Hand Thumb Impression

17. Specimen Signatures of Employee

Place: _____

Date: _____

Signatures of Candidate

Signatures of Checking Official

UNDERTAKING

I _____ son/daughter/wife of
_____ resident of _____

do hereby confirm that:-

1. I have not been presently working in any Government/Public sector undertaking/
Bank (Public Sector/ Private/ Foreign Bank) or any Corporation.
2. I have been presently working in _____
since _____. Relieving Letter/ Discharge Certificate is enclosed.
(Please strike out whichever is not applicable).

(Signature of Candidate)

Name: _____

Roll No. _____

Joining for the Post of: _____

Date: _____

Place: _____

DECLARATION OF FIDELITY AND SECRECY

I _____ son/daughter/wife of
_____ resident of _____

do hereby declare that I will faithfully, truly and to the best of my skill and ability execute and perform the duties of me as _____ (designation) of Punjab & Sind Bank and which properly relate to the office or position in the said Punjab & Sind Bank held by me.

I further declare that I will not communicate or allow to be communicated to any person not legally entitled thereto any information relating to the affairs of Punjab & Sind Bank or the affairs of any person having and dealing with Punjab & Sind Bank nor will I allow any such person to inspect or have access to any books or documents belonging to or in the possession of Punjab & Sind Bank or to the business of any person having any dealing with Punjab & Sind Bank.

(Signature of Candidate)

Name: _____

Roll No. _____

Joining for the Post of: _____

Date: _____

Place: _____

DECLARATION IN RESPECT OF THE
DOWRY PROHIBITION ACT 1961

I _____ son/daughter/wife of
_____ resident of _____

do hereby declare that I have never been convicted for dowry offences under the Dowry Prohibition Act 1961 or under section 304B of Indian penal code.

(Signature of Candidate)

Name: _____

Roll No. _____

Joining for the Post of: _____

Date: _____

Place: _____

PROFORMA OF DECLARATION IN RESPECT OF
EDUCATIONAL QUALIFICATION TO BE SUBMITTED BY
EACH CANDIDATE APPLYING IN THE BANK'S SERVICE

I _____ son/daughter/wife of
_____ resident of _____

do hereby declare that the requisite Educational Qualification as shown in my application is correct and complete and that I have not concealed anything in respect of my Educational Qualification I possess.

I also declare that I have passed the requisite qualification prescribed for the post from the Board/ University/ Institution recognized by the Govt. of India.

Further, I have passed _____ Examination/ Degree from
_____ Board/ University/ Institute which is a
_____ (Autonomous/ Govt.) with _____ Division/Class with
_____ percentage of marks in aggregate in the year _____.

If it is subsequently found out at any stage that I have concealed the fact and in the event I have been selected/ appointed, I shall be liable to be dismissed from the bank's service forthwith.

(Signature of Candidate)

Name: _____

Roll No. _____

Joining for the Post of: _____

Date: _____

Place: _____

UNDERTAKING

I _____ son/daughter/wife of
_____ resident of _____

do hereby declare that I have no business interest, trade or insurance agency etc. either in my name or in benami names.

(Signature of Candidate)

Name: _____

Roll No. _____

Joining for the Post of: _____

Date: _____

Place: _____

PUNJAB & SIND BANK
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I _____ son/daughter/wife of _____
resident of _____
by caste _____ in consideration of the PUNJAB & SIND BANK (hereinafter called
'the Bank') taking me into its employment on probation for _____ do hereby bind
myself, my heirs, executors and administrators unto the Bank that I will during all the time
I continue in the probationary employment of the Bank in any Capacity, faithfully,
diligently and carefully attend to the business of the Bank and to the best of my skill and
ability perform all duties that may be required of me and observe and execute all
instructions or regulators as have been or may be given to me from time to time by any one
in the employment of the Bank who may be set over me.

That I will keep secret all transactions that may come to my knowledge whilst in the
employment of the Bank and will honestly and truly account to the Directors, Managers,
Inspectors or others Officers of the Bank having authority in that behalf for all sums of
money, bills, promissory notes or other securities, property or effects of every kind
belonging to the Bank or any of its Officers or customers with which I may be entrusted or
which at any time or in any way during my probationary employment come to my hands or
under my control and that I will, when required, pay and deliver the same to any person or
persons to be appointed on behalf of the Bank to receive the same.

That, I will on demand pay and make good to the Bank the amount of all loss, damage and
expenses which may be sustained or incurred by the Bank by any defalcations and
misfeasance's and my part or through the non fulfillment of any of the obligations
hereinbefore contained or by of through any act, neglect or default done, admitted &
suffered, by me at any time while I continue in the probationary employment of the Bank
and that a Certificate in writing only certified by the Bank stating the amount at any time
payable by me hereunder.

IN WITNESS Whereof I have set of my hand this _____ day of _____ 20__.

(Signature of Candidate)

Name: _____

Roll No. _____

Joining for the Post of: _____

Date: _____

Place: _____

PUNJAB & SIND BANK
(A Govt. of India Undertaking)



To DGM/ AGM,

PUNJAB & SIND BANK

Office.....

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I submit herewith the duly filled in attestation form for verification of character & antecedents from the Police Authorities. I understand that my confirmation in the Bank's Service will be subject to satisfactory report regarding my character & antecedents from the Police Authorities. In case the police enquiries are not complete before the confrontation becomes due then I should be confirmed in Bank's Service subject to satisfactory report from Police Authorities. If the police report later on turns out to be adverse my service should be terminated forthwith without assigning any further reason & without prejudice to such further actions as may be taken under the provisions of the Indian Penal Code.

(Signature of Candidate)

Name: _____

Roll No. _____

Joining for the Post of: _____

Date: _____

Place: _____

ATTESTATION-FORM

Passport size
photograph

The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification and is likely to render the candidate unfit for the appointment in the Bank. If the fact that false information has been furnished or there has been suppression of any factual information in the Attestation Form comes to notice any time during the service of a person, his/her services would be liable to be terminated.

SURNAME

NAME

**1. Name in full (in Block Letters) With aliases, :
if any, (Please indicate if you have added or
dropped at any stage any part of your name
or surname).**

**2. Present address in full (i.e. Village, Thana :
and District Or House No., Lane/Street/
Road and Town)**

**3. (a) Home address in full (i.e. Village, Thana :
and District Or House No., Lane/Street/
Road, Town and name of the Distt. H.O.)**

**(b) If originally a resident of Country other :
than India, the address in that country and
the date of migration to Indian Union.**

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-:2:-

4. Particulars of places (with period of residence) where you have resided for more than one year at a time during the preceding five years:-

From	To	Residential address in full (i.e. village Thana & Distt. Or House No. Lane/ Street/ Road and Town)	Name of Distt. Head quarters of the place mentioned in the preceding column.
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5.1 (a) Father's Name in full with alias, if any :

(b) Present postal address :
(if dead, give last address)

(c) Permanent Home Address :

(d) Profession :

**(e) If in service, give designation and
official address :**

5.2 (a) Husband's name in full :

(b) Profession :

(c) Designation and office address :

6. Nationality of

(a) Father :

(b) Mother :

(c) Husband/ Wife :

7. Exact Date of Birth :

Present Age :

Age of Matriculation :

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-:3:-

8. (a) Place of Birth :
(b) Distt. And State in which situated :
(c) Distt. And State to which you belong :

9. (a) Your Religion :
(b) Are you a member of Scheduled Caste/ Scheduled Tribe? :

If yes, state the name thereof :

10. Educational qualifications showing place of education with years in schools and colleges since 15th year of age:

Name of School /College with full Address	Date of entering	Date of leaving	Examination Passed	Year of Passing
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11. If you have, at any time, been employed, give details:

Designation of Post held or description of work	Period		Full address of the Office, firm or institution	Reason for leaving the Job
	From	To		

-:4:-

12. Have you ever been arrested or kept under detention or bound down/ fined/convicted by a Court of Law for any offence, or debarred/disqualified by the Public Service Commission from appearing at its examination selections or debarred from taking any examination or restricted by authority/institution?

If answer is 'Yes' full particulars of the case detention, fine, conviction, sentence, etc. should be given.

DECLARATION

I, Certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment in the Bank. I have/will have no objection to the Bank making enquiries at any time (immediately/in the near future) regarding the statements made by me in the application, in any matter they decide to do so inclusive of police enquiry into my antecedents.

SIGNATURE OF CANDIDATE

DATE:_____

चिकित्सा रिपोर्ट/ MEDICAL REPORT

अ. (परीक्षार्थी द्वारा स्वयं भरा जाए To be filled in by the Examinee himself)

नाम NAME: _____

(बड़े अक्षरों में पूरा नाम FULL NAME IN BLOCK LETTERS)

पता ADDRESS : _____

1. क्या आपको कभी किसी गंभीर बीमारी या शल्य
ऑपरेशन से गुजरना पड़ा है?

Have you had any serious illness or Surgical
operations? _____

2. क्या आपको या आपके परिवार में किसी सदस्य को
कभी टी. बी. की बीमारी का ईलाज करवाना पड़ा है?

Have you or has any member of your family ever been
under treatment for tuberculosis? _____

3. क्या आपको या आपके परिवार में किसी सदस्य को
मिरगी या दौरा या इससे सम्बंधित किसी बीमारी के संबंध
में किसी संस्था से ईलाज करवाना पड़ा है?

Have you or has any member of your family ever
suffered from medical disease, fits or epilepsy or been
treated in an institution for any kind of these diseases? _____

4. क्या आपको अथवा आपके परिवार के किसी सदस्य को
“ट्रैकोमा” के लिए ईलाज करवाना पड़ा है?

Have you or has any member of your family ever been
under treatment for trachoma? _____

क्या आप “सामान्य” हैं – यदीय नहीं तो सामान्य न होने के संबंध में ब्यौरा दें –

State if XNormalX, if not give particulars of any departure from Normal :

पति अथवा अकेले व्यक्ति हैं

Husband or single man

जन्म की तारीख: Date of Birth:

पत्नी अथवा अकेली महिला हैं

Wife or single woman

जन्म की तारीख: Date of Birth:

(परीक्षार्थी के हस्ताक्षर/ Signature of the Examinee)

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- ब. (जाँच करने वाले डॉक्टर द्वारा भरा जाए)
B. (to be filled in by the examining doctor)

	अधिकतम <u>Max.</u>	न्युनतम <u>Min.</u>	अधिकतम <u>Max.</u>	न्युनतम <u>Min.</u>
a) दिल Heart				
b) ब्लड प्रेशर Blood Pressure				
c) फेफड़े Lungs				
d) नाडी प्रणाली Nervous System				
e) मानसिक दशा तथा बुद्धि Mental Condition & Intelligence				
f) पाचक अंग Digestive Organs				
g) खोपड़ी तथा अन्य जॉइंट अस्थि-पंजर हड्डियाँ और जोड़ Skeleton Bones & Joints				
h) चमड़ी Skin				
i) श्रवण शक्ति Hearing				
j) दृष्टि Sight	(i) बिना चश्मे के Without Glass		दार	बाल
	(ii) चश्मे सहित (यदि पहने हो) With Glass (if worn)		दार	बाल
	दृष्टि में दोष के कारण Cause of defect of Sight			
k) प्रजनन अंग Genito Urinary Organ				
l) पेशाब- श्वेत या शक्कर सहित Urine Albumen or Sugar Present				
m) दांत Teeth				
n) विकलान्गताएं Deformities				

ऊँचाई Height वजन Weight

टिप्पणी: यदि जाँच करने वाला चिकित्सक परीक्षार्थी को पूर्णतया स्वस्थ तथा विकसित नहीं पाते तो उन्हें पाए गए दोष के संबंध में ब्यौरा देना चाहिए और साथ में ये भी बताना चाहिए की ये दोष स्थायी है या अस्थायी

Remarks: In case where the medical Examiner is unable to describe the examinee as being in perfect health and development, he should state the exact nature of the defect which he finds and whether it is of a permanent nature or temporary nature.

मैं यह प्रमाणित करता हूँ कि आज मैंने ऊपर बताये गए परीक्षार्थी की जाँच की है और उक्त परिणाम बताये हैं तथा मैं प्रमादित करता हूँ की मेरी टिप्पणी के अंतर्गत बताई गयी विशेष राय के अलावा ऊपर बताया गया परीक्षार्थी आचे स्वास्थ्य और ठीक मासिक हालत में है और किसी प्रकार के मानसिक अथवा शारीरिक दोष से पीड़ित नहीं है

Certify that I have this day examined the above named and the results are as set forth and I certify that in my opinion, subject to any special observation under REMARKS the above named is in good health and of sound constitution and not suffering from any mental or bodily defect.

(हस्ताक्षर तथा योग्यताएं)

(Signature & Qualifications)

पता Address: _____

दिनांक DATE:

**FORM OF CERTIFICATE TO BE PRODUCED BY A
CANDIDATE BELONGING TO SCHEDULED CASTE OR
SCHEDULED TRIBE IN SUPPORT OF HIS / HER CLAIM.**

I. This is to certify that Sri / Smt / Kum* _____ son / daughter*
of _____ of village / town* _____ in
District / Division* _____ of the State / Union Territory* _____ belongs to the
_____ Caste/Tribe* which is recognized as a Scheduled Caste/ Scheduled Tribe* under :

- * The Constitution (Scheduled Castes) Order, 1950 ;
- * The Constitution (Scheduled Tribes) Order, 1950 ;
- * The Constitution (Scheduled Castes)(Union Territories)Orders, 1951 ;
- * The Constitution (Scheduled Tribes)(Union Territories)Order, 1951 ;

[as amended by the Scheduled Castes and Scheduled Tribes lists Modification) Order, 1956; the Bombay Reorganisation Act, 1960; the Punjab Reorganisation Act 1966, the State of Himachal Pradesh Act, 1970, the North-Eastern Areas (Reorganisation) Act, 1971, the Constitution (Scheduled Castes and Scheduled Tribes) Order (Amendment) Act, 1976];

- * The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956 ;
- * The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 ;
- * The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962 ;
- * The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962 ;
- * The Constitution (Pondicherry) Scheduled Castes Order 1964;
- * The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;
- * The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968 ;
- * The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968 ;
- * The Constitution (Nagaland) Scheduled Tribes Order, 1970 ;
- * The Constitution (Sikkim) Scheduled Castes Order, 1978 ;
- * The Constitution (Sikkim) Scheduled Tribes Order, 1978 ;
- * The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989 ;
- * The Constitution (Scheduled Castes) Orders (Amendment) Act, 1990;
- * The Constitution (ST) Orders (Amendment) Ordinance, 1991 ;
- * The Constitution (ST) Orders (Second Amendment) Act, 1991 ;
- * The Constitution (ST) Orders (Amendment) Ordinance, 1996.

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2. Applicable in the case of Scheduled Castes / Scheduled Tribes persons , who have migrated from one State / Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes* Certificate issued to Shri / Smt / Kumari* _____ Father /Mother* of Sri / Smt / Kumari* _____ of village / town _____ in District/Division* _____ of the State/Union Territory* _____ who belong to the _____ Caste / Tribe* which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* issued by the _____ [Name of the authority] vide their order No. _____ dated _____.

3. Shri/Smt/Kumari* _____ and/or* his/her* family ordinarily reside(s) in village/town* _____ of _____ District / Division* of the State / Union Territory* of _____

Signature _____

Designation _____

Place:

[With seal of Office]

Date :

State/Union Territory

Note : The term "Ordinarily resides" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

* Please delete the words which are not applicable.

Delete the paragraph which is not applicable.

List of authorities empowered to issue Caste / Tribe Certificates :

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector/ I Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Asst. Commissioner / Taluka Magistrate / Executive Magistrate.
2. Chief Presidency Magistrate/ Additional Chief Presidency Magistrate / presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officers of the area where the candidate and / or his family normally resides.

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER
BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS
UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Kumari _____ son/daughter
of _____ of _____ village/town
_____ in _____ District/Division
_____ in the State/Union Territory
_____ belongs to the _____ community
which is recognised as a backward class under the Government of India, Ministry of Social
Justice and Empowerment's Resolution No. _____
dated _____
*. Shri/Smt./Kurnari _____ and/or his/her
family ordinarily reside(s) in the _____
District/Division of the _____ State/ Union Territory. This is also to
certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in
Column 3 of the Schedule to the
Government of India, Department of Personnel & Training O.M. No. 36012/22/93 - Estt.(SCT)
dated 8.9.1993**.

District Magistrate
Deputy Commissioner etc.

Dated:

Seal

*- The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

**-. As amended from time to time.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.