

STATE BANK OF INDIA RECRUITMENT OF JUNIOR ASSOCIATES (CUSTOMER SUPPORT & SALES) Advertisement No. CRPD/CR/2023-24/27 400146

Registration Number : 2350368946

Full Name : SANDHYA SHRIVASTAVA

Circle : LUCKNOW/ NEW DELHI

Circle Preference 1 (for allotment, if

selected)

: Lucknow

Circle Preference 2 (for allotment, if

selected)

: New Delhi

State you want to apply for : UTTAR PRADESH

Local Language for language

proficiency test

: Hindi

Do you have 10th or 12th standard mark sheet/certificate evidencing having studied Specified opted local

language?

: YES

Category : General

Sub Caste

I confirm that I am in possession / will produce EWS certificate issued based on annual income for Financial Year 2022-23

Are you trained Apprentice of SBI? : NO

Time period of apprenticeship in SBI:

Start Date -

Time period of apprenticeship in SBI:

End Date -

HRMS ID of Apprenticeship in SBI:

Are you a person with benchmark disability of 40% and above?

: NO

Type of Disability

Sub-Type of Disability for 'd' & 'e'

Sub-Type of Disability

Sub-Type of Multiple Disability

Are you suffering from cerebral palsy

and your writing speed is affected:?

If Yes, Do you need compensatory time : -

at the time of examination?



Whether your dominant (Writing) hand is affected?

If Yes, Do you need compensatory time : - at the time of examination?

Do you intend to use the services of a scribe ?

I accept the Guidelines for Scribe

: NO

: -

: NO

Are you a person with a Specified disability covered under the definition of Sec 2(s) of the RPwBD act 2016 but not covered under the definition of Sec 2(r) of the RPwBD Act 2016 (i.e persons having less than 40% disability) and having difficulty in writing ?

If Yes, Do you need compensatory time : - at the time of examination?

Are you a person with a Specified disability covered under the definition of Sec 2(s) of the RPwBD act 2016 but not covered under the definition of Sec 2(r) of the RPwBD Act 2016 (i.e persons having less than 40% disability) and wish to avail the services of Scribe?

I certify that, I will produce the certificate from competent medical authority of a Government healthcare institution as per Ministry of Social Justice and Empowerment, Department of Empowerment of Persons with Disabilities (Divyangjan) circular no F. No. 29-6/2019-DD-III dated 10.08.2022.

I certify / undertake that Qualification of : - Scribe availed by me shall be one step below my qualification (OM–F.No. 29-6/2019-DD-III dated 10.08.2022).

Religion to which you belong: : Hindu

Do you belong to Religious Minority

Community ?:

Nationality / Citizenship : Indian

Are you seeking relaxation under widow: NO /divorced women / women judicially Separated from their husbands and who are not re-married?:

Are you an Ex-Serviceman? : NO

Are you a Disabled Ex-Serviceman : NO (DISXS) ?

(DIONO):

Period of Service (in months) : -

Are you a Dependent of Serviceman killed in Action (DXS)?

Are you a Matriculate Ex-serviceman, who have obtained the Indian Army Special Certificate of Education or corresponding certificate in the Navy or Air Force, after having completed not less than 15 years of service in Armed Forces of the Union (Such certificates should be dated on or before 31.12.2023)?

• -

: NO

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Are you already working in SBI in the

clerical cadre?

: NO

Have you earlier employed in State Bank of India and resigned from the Bank while in clerical cadre? : NO

Do you have record of default in repayment of loans/credit card dues and/or against whose name adverse report of CIBIL or other external agencies?

: NO

Is/are there adverse report regarding character & antecedents, moral

turpitude ?

: NO

State/UT to which the Preliminary Examination Centre Belong

: Uttar Pradesh

State code : 43

Centre of Preliminary Examination : Jhansi

State/UT to which the Main Examination Centre Belong

: Uttar Pradesh

State code : 43

Centre of Main Examination : Jhansi

I intend to bring the following ID when appearing for the examination: (I confirm my name on this ID and this application exactly match)

: YES

ID Proof : Aadhar Card

ID Proof No. : XXXXXXXX1164

Kindly indicate Medium of Paper in Preliminary and Main Examination - how you would like the paper to be presented to you?

: English and Hindi

Application Fee / Intimation charges

Payment In : ONLINE
Fees : 635.60

Tax : 114.40 (IGST)

Amount : 750.00

Payment Status : PAID

Reference ID : YHD42152776167

Transaction Date : 24-11-2023

Personal Details

Date of Birth : 18-12-1999

Age completed as on 01.04.2023 : 23

Gender : FEMALE

Do you have twin brother / sister ? : NO
Gender of the twin : -

Name of the twin : -

Marital Status : Unmarried
Father's First Name : RAJENDRA

: BABU

Father's Last Name : SHRIVASTAVA

Mother's First Name : POONAM

Mother's Middle Name : -

Mother's Last Name : SHRIVASTAVA

Spouse's First Name : Spouse's Middle Name : Spouse's Last Name : -

Address for Correspondence

Father's Middle Name

Address 1 : 519 RAJEEV NAGAR
Address 2 : MAHAVEERAN PURA

District : JHANSI

State : UTTAR PRADESH

Pincode : 284003

Permanent address

Address 1 : 519 RAJEEV NAGAR
Address 2 : MAHAVEERAN PURA

District : JHANSI

State : UTTAR PRADESH

Pincode : 284003

State for GST invoicing : Correspondence Address (UTTAR

PRADESH)

Contact Details

Mobile No : +91 6394185658

Alternative Number : -

(Mobile No/Landline No)

Email ID : sandhyashrivastava135@gmail.com

Educational Qualification (as on 31.12.2023)

Exam Passed	Appeared/Passed	Degree/ Subject / Stream	Name of College /University	Date of Passing	% of Marks	Class / Grade
Graduation 1/Equivalent	Passed	Arts	Bundelkhand Un iversity Jhansi	05-11- 2020	62.90	First Class

Other Details:

Whether desirous of taking Pre-Exam

Training

(SC/ST/OBC/EXS/DISXS/DXS/Religious

Minority Community):

State/UT : -

State code :

Centre of Pre-Examination Training (If conducted through classroom mode):

Local Language of The State:

Languages Known	Read	Write	Speak
Hindi	YES	YES	YES
ENGLISH	YES	YES	YES

Uploaded Document Details:

- 1. Left Thumb Impression
- 2. Hand Written Declaration

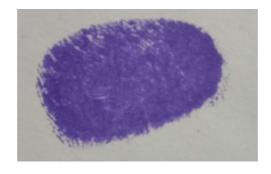
Declaration:

I hereby declare that all the statements made in this application are True, Complete and Correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue or incorrect at any stage or I am not satisfying any of the eligibility criteria stipulated, and also in case of creating influence/undue pressure regarding recruitment shall tantamount to cancellation of my candidature.

I confirm that my name as filled by me in the application form exactly matches with the name in my ID proof



Date: 24-11-2023



Left Thumb Impression

"I Sandhya Sheivastava, 18/12/1999 hereby declare that all the information submitted by me in the application form is correct, true and valid. I will Present the supporting document as and when required. The signature, photograph and left hand them Impression is of nine."

Hand Written Declaration