

INDIA POST PAYMENTS BANK

HR & Administration Division, Corporate Office Speed Post Centre, Bhai Veer Singh Marg, New Delhi – 110001

BIO DATA

Reporting for joining as ______in scale_____

INSTRUCTIONS:

Fill in this form in your own handwriting.

Give complete answers to all question. Check (✓) where necessary

		Full Name (in block Letters)								
Present Address										
		Permanen	t Address							
	PERSONAL DATA	Contact Telephone No./Fax No. Age Date of State to Which you (dd/mm/y belong		Male/Femal	Nationality Religion		n Height		Weight	
	PERSON	ууу)								
	Do you belong to Scheduled Caste or Scheduled Tribe/Other Backward Caste(OBC): Yes □ No □ If yes , State the caste									
MARITAL-STATUS Unmarried Widowed Divorced				Number of Depo Children Male: Female:	endent	Number of other **Dependents and their Relationships 1. 2. 3.				
Are you person a Person with Disability(PwD) Yes/No If yes, Type of Disability Nature of the							(5cm	ent Photo 2" 2 s X 6cms) to which will no	be paste	
disability Percentage of Disability								ilou.		
	Particulars of major illness, operation or accident, if any:									
Defects in sight, hearing or speech, if any:										
										4 ~ 4 ~



What is your total indebte			
		<u> </u>	
Have you ever been pros	secuted (omit traffic offences) or in	volved in any court pro	ceedings?
Yes ☐ No			
If yes, give details.			
Have you ever been deb	arred/disqualified by any institution	from Yes	□ No □
_	tion, rusticated by any Board/Unive		_ 110 _
	rity/institution? If yes, give details.	,	
Is any case pending aga	inst you in any Board/University or	any other educational	Yes ☐ No ☐
	e time of filling up this attestation for	orm?	
If yes, give details.			
Have very even been about	oad Yes 🗆 No 🗆	/If	annutmi i dalta di anad
Have you ever been abrough purpose thereof)	oad Yes □ No □	(If yes, give name of	country visited and
purpose triercory			
Name & Address of	Occupation, if employed give	Monthly Income / Rs	. Address for purpose of
Father/Husband	exact designation and name of	Worlding Income / 13	emergency
	employer		
			Tel. No.
			Tel. No.



Give Particulars of all examinations passed from 10 th /Matriculation to Uni							n to Univers	sity level.	
	Exam/ Degree	Subjects	% Marks	Class/ Div.	Position at Board/ University level		Years	School/ College	Board/ University
EDUCATION	RESEARCH - Publication of Books, Articles, etc. Participation in Training Camps/Seminars Professional/Vocational qualifications, if any: Scholastic Honors, Fellowships and Scholarship, if any:								
	What subje	ect in college	interested	you most and	d why?				
	tick the pro	oficiency leve	l)	-	other Lang	_		ame of the lan	
LANGUAGES	Language	/ Proficiency	level	Speak		Read	d	W	rite
LANGI									



EXTRA CURRICULAR ACTIVITIES	Were you a secre	in of a college ber/captain of er officer or ab tary/president						
name your emplo Also,	ployed, give the & address of present & past oyer (s).	Position held, exact designation and nature	Nature of business	Period		Total Salary per month		Reason for/Mode of leaving the job
vocation, business or otherwise including employment after completion of your education up to the date of joining the bank.		of work		From	То	At Start	At Present	
If you have worked with more than one employer, give your employment history as above in a separate sheet of paper.								
May we refer to your present employer Yes No List two persons other than relatives and former employers, personally known to you for more than five								
	years, preferably known to the Bank.							



Name	9	Exact Address	Occupation	, If employed, designation	Period Known		
	Are you related to any present or ex-member of the staff?			If yes, give name, designation, office where he is working or was last employed.			
	Yes	No 🗆					
	Directors of this I	ed with or related to any o Bank? No □					
GENERAL	Have you ever a _l Yes □	oplied for working here be					
		orked here before? No □					
	State here any other facts about yourself that you would like to give us. Attach a separate sheet, if required.						



I certify that the information given by me in this form is correct and complete to the best of my knowledge and belief. I understand and agree that misrepresentation, falsification, or omission of material fact may be cause for rejection of candidature or termination of service after employment. The statements made in this Form may be verified from each of my former employers and any other persons who may have information concerning me.
Place:
Signature of Candidate
Date:

- ** "**Dependent**" means (Subject to stipulations laid down in the Service Rulers of the bank)
- 1. In the case of male Officers his wife, whether residing with him or not, but does not include a legally separated wife and in the case of woman Officer her husband, whether residing with her or not, but does not include a legally separated husband.
- 2. Children or step-children of the Officer, whether residing with the Officer or not, and wholly dependent on such Officer but does not include children or step-children of whose custody the Officers has been deprived of by or under any law; and
- 3. Any other person related to, by blood or marriage to the Officer or to his/ her spouse and wholly dependent upon such Officer.