<u>Annexure-II</u>

Stree Nidhi Credit Co-Operative Federation Ltd, Telangana Application Form

1. Name:		(as per SSC Certificate)	Affix
2. Sur name:			recent Pass Size Colo
3. Father/Husba	and Name:		Photogra
•	(Male/Fe		
		ite (DD/MM/YYYY):	
	_		
6. Age as on date	e of notification:	(Yrs)	
7. Marital Status	::	_ (Married/Unmarried)	
8. Native District	t:		
9. Social Categor	y:	(BC-A/B/C/D; SC/ST/Minority/OC)	
10. Aadhaar Num	ber:		
	ber: ferently Abled Perso		
11. In case of Diff	ferently Abled Perso	on (Certificate to be enclosed):Percentage of disability:	
11. In case of Diff Type of Disa	ferently Abled Perso	on (Certificate to be enclosed):	
11. In case of DiffType of Disa12. Permanent Re	ferently Abled Perso bility:esidential Address:	on (Certificate to be enclosed):	
11. In case of DiffType of Disa12. Permanent ReHouse No/I	ferently Abled Perso bility: esidential Address: Door No:	on (Certificate to be enclosed):Percentage of disability:	
11. In case of DiffType of Disa12. Permanent ReHouse No/IPost/Area:	ferently Abled Perso bility:esidential Address: Door No:	on (Certificate to be enclosed):Percentage of disability: Village/Street Name:	
11. In case of DiffType of Disa12. Permanent ReHouse No/IPost/Area:	ferently Abled Perso bility: esidential Address: Door No:	on (Certificate to be enclosed):Percentage of disability: Village/Street Name: Mandal/Town:	
 11. In case of Diff Type of Disa 12. Permanent Re House No/I Post/Area: District: 13. Address for Co 	ferently Abled Personal Solution bility:esidential Address: Door No: orrespondence:	on (Certificate to be enclosed):Percentage of disability: Village/Street Name: Mandal/Town:	
 11. In case of Diff Type of Disa 12. Permanent Re House No/I Post/Area: District: 13. Address for Co House No/I 	ferently Abled Personal Solution (1985) Pesidential Address: Door No: Orrespondence: Door No:	on (Certificate to be enclosed):Percentage of disability: Village/Street Name: Mandal/Town: PIN Code No:	
 11. In case of Diff Type of Disa 12. Permanent Re House No/I Post/Area: District: 13. Address for Co House No/I Post/Area: 	ferently Abled Perso bility:	on (Certificate to be enclosed):Percentage of disability: Village/Street Name: Mandal/Town: PIN Code No: Village/Street Name:	
 11. In case of Differ Type of Disal 12. Permanent Reference No/No. Post/Area: District: 13. Address for Co. House No/No. Post/Area: District: 	ferently Abled Perso bility:	on (Certificate to be enclosed):Percentage of disability: Village/Street Name: Mandal/Town: PIN Code No: Village/Street Name: PIN Code No: PIN Code No:	
 11. In case of Diffet Type of Disal 12. Permanent Re House No/I Post/Area: District: 13. Address for Co House No/I Post/Area: District: 14. e-mail ID: 	ferently Abled Perso bility:esidential Address: Door No: orrespondence: Door No:	on (Certificate to be enclosed): Percentage of disability: Village/Street Name: Mandal/Town: PIN Code No: Village/Street Name: Mandal/Town:	

1				nding order	_	ears) SSC):			
	Degree/ Diploma ertificate	or of sing (Nam College/In	e of istitution	unive	ard/ ersity/ tution		bjects/ ecialisation	% of Marks
1	9. Work E	nce in Ye	ears	(latest	first) i	if neede	ed a	separate s	heet may be
				Tenure				Gross Salary	Major Achievement
S. No	Name of Organisa	Desig- nation	From (date)	Tenure To (date)	No. of Yrs.	Job profi			Major Achievement if any
				То	of			Salary Drawn (per month in	Achievement
				То	of			Salary Drawn (per month in	Achievement
				То	of			Salary Drawn (per month in	Achievement
				То	of			Salary Drawn (per month in	Achievement
				То	of			Salary Drawn (per month in	Achievement
				То	of			Salary Drawn (per month in	Achievement

17. If Candidate retired/VRS from the bank;

Scale in which retired (III or IV): _____

Bank Name: _____

Month and Year of Retirement/VRS: _____

2	20. Languages Known (Yes/No):					
	Language	Read	Write	Speak		

Language	Redu	Wite	Speak
Telugu			
English			
Hindi			

21.	Any other information candidate may like to furnish about experience (not more than
	100 words)

22. References of Two persons not related to the family of the candidate:

Name	Designation and Organization	Address with contact number

I hereby declare that all the statements made in this application form and enclosures are true and correct to the best of my knowledge and belief. I further undertake that if any information is found to be contrary to the above, I am liable for disqualification for the post applied for.

Place:

Signature of the Candidate