

To

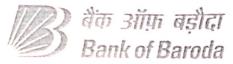
Annexure -I

Application for the Business Correspondent Coordinators

The R	egional Manage	Space for Photo			
Bank	of Baroda				,
	Regi				
the a	ssignment of Bu	siness Correspondent	ced I submit my ap Coordinator as given below:	plication and detai	ils for
1	NAME (IN FUL	L)			
2	FATHER'S/HUS	BAND'S			
3	GENDER (MAL	E/FEMALE)			
<u>4</u>	DATE OF BIRTH	1			
	ADDRESS	CURRENT			
<u>5</u>		PERMANENT			
		· interest of			
<u>6</u>	CONTACT DETAILS	MOBILE NO			
	,	E-MAIL ID	4		

अंचल कार्यालय (नई दिल्ली अंचल), बैंक ऑफ बड़ौदा भवन, 16, संसद मार्ग, नई दिल्ली-110 001, भारत. Zonal Office (New Delhi Zone), Bank of Baroda Bldg., 16, Sansad Marg, New Delhi-110 001, India फोन / Phone: +91 11 23448855,23448895 ई-मेल/E-mail: fi.zonewdelhi@bankofbaroda.co.in







EDUCATIONAL QUALIFICATION						
DISABILITY, II						
(YES/NO)		-				
PREVIOUS EXPERIENCE						
SI.No	Name of Organization	Desig	nation	From	То	Responsibilities
NAME & ADI	DRESS OF TWO					
PREFERRED DISTRICTS FOR WORKING		Prefe	rence 1	Preference 2	Preference 3	
ANY OTHER	INFORMATION					
THE APPLICANT WISHES TO GIVE IN SUPPORT OF HIS/HER						
CANDIDATU	RE					
	NAME & ADIREFERENCE PREFERENCE PREFERENCE ANY OTHER THE APPLICA GIVE IN SUP	DISABILITY, IF ANY (YES/NO) PREVIOUS EXPERIENCE SI.No Name of Organization NAME & ADDRESS OF TWO REFERENCE PREFERRED DISTRICTS FOR WORKING ANY OTHER INFORMATION THE APPLICANT WISHES TO	DISABILITY, IF ANY (YES/NO) PREVIOUS EXPERIENCE SI.NO Name of Organization NAME & ADDRESS OF TWO REFERENCE PREFERRED DISTRICTS FOR WORKING ANY OTHER INFORMATION THE APPLICANT WISHES TO GIVE IN SUPPORT OF HIS/HER	DISABILITY, IF ANY (YES/NO) PREVIOUS EXPERIENCE SI.NO Name of Organization NAME & ADDRESS OF TWO REFERENCE PREFERRED DISTRICTS FOR WORKING ANY OTHER INFORMATION THE APPLICANT WISHES TO GIVE IN SUPPORT OF HIS/HER	DISABILITY, IF ANY (YES/NO) PREVIOUS EXPERIENCE SI.NO Name of Organization NAME & ADDRESS OF TWO REFERENCE PREFERRED DISTRICTS FOR WORKING ANY OTHER INFORMATION THE APPLICANT WISHES TO GIVE IN SUPPORT OF HIS/HER	DISABILITY, IF ANY (YES/NO) PREVIOUS EXPERIENCE SI.No Name of Organization From To NAME & ADDRESS OF TWO REFERENCE PREFERRED DISTRICTS FOR WORKING ANY OTHER INFORMATION THE APPLICANT WISHES TO GIVE IN SUPPORT OF HIS/HER



DECLARATION

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief and I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility criteria according to the requirements of the relative advertisement, my candidature/engagement for the said post is liable to be cancelled/disengaged at any stage. I will not claim any employment in the bank, based on this engagement.

I hereby agree that any legal proceedings in respect of any matter of claims or disputes arising out of this application and/or out of the content of the advertisement will be instituted by me only at Delhi and Courts/tribunals/forums at Delhi will have jurisdiction to try the same. I undertake to abide by all the terms and conditions mentioned in the advertisement dated......

D.	l٦	_	0	٠

Date:

(Signature of Applicant)

Enclosure:

1. Copy of Aadhaar Card & PAN Card.

ई-मेल/E-mail: fi.zonewdelhi@bankofbaroda.co.in

- 2. Copy of document with current Address (applicable if current address is different from Aadhaar)
- 3. Copy of 10th, 12th, Graduation and Post-Graduation Certificates (as applicable)
- 4. Copy of employment proof in the previous organization.