

**DECLARATION**

1. Received the original of the letter of appointment Proceedings No. \_\_\_\_\_ Date: \_\_\_\_\_
2. I have read and understood the terms and conditions set out herein and hereby agree to the said terms and conditions of appointment.
3. I undertake to carry out all instructions given to me by the Bank's Officials and also to serve at any office of the Bank to which I may be transferred temporarily or permanently ;
4. In terms of the above appointment Order, I am reporting for duty, today, i.e., .....

Signature

Name:

Date:

**(DECLARATION TO BE SIGNED BY THE EMPLOYEE)**

**FORM – A**

(Declaration to be bound by the Subsidiary Regulations relating to the Service conditions of employees)

Place:

Date:

I hereby declare that I have read and understood the Award/Service Regulations relating to the service conditions of the employees of The District Coop. Central Bank Ltd., Eluru and I hereby subscribe and agree to be bound by the said regulations and those that may be framed from time to time henceforth.

Name in full :

Nature of appointment :

Date of appointment :

Signature :

Witness :

**(DECLARATION TO BE SIGNED BY THE EMPLOYEE)**

**F O R M – B**

Declaration of Secrecy

I, the undersigned, a member of the establishment of the The District Coop. Central Bank Ltd., Eluru hereby declare that I shall regard as strictly confidential and by no means direct or indirect, reveal to any person or persons whatever information concerning the affairs of the Bank or of any dealings of the Bank that have come to my notice and possession in my official capacity or otherwise, unless compelled to do so by or under any Law for the time being in force or instructed by the Bank to do so in the discharge of my duties.

Name:

Designation:

**(TO BE SIGNED BY THE CANDIDATE)**

ATTESTATION FORM - **FORM – C**

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 ineligible for 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, her services would be liable to be terminated.

Photo to be  
affixed and  
signed on it

SURNAME

NAME

- 1 Name in full (in block capital 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, Thanda and District, or House No. Lane/Street/Road and Town) with telephone No/Mobile No
- 3 Home address in Full (i.e., Village, Thanda and District, or House No. Lane/Street/Road and Town and name of the District Head Quarter)
- 4.1 (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 office address telephone No. /Mobile No.

*SIGNATURE OF THE CANDIDATE*

- 4.2 (a) Spouse's name in full:  
  
(b) Profession

(c) Designation and office Address:

With Telephone No/Mobile No.

5 Nationality of

a) Father

b) Mother

c) Spouse

6 Exact date of birth

Present Age

Age at Matriculation/SSC

7 a) Place of Birth

Dist. and State in which situated

8 District and State to which you belong:

a) District

b) State

9 a) Your religion

b) Are you a member of Scheduled Caste/Scheduled Tribe /Backward Class (A/B/C/D/E)? Answer "Yes" or "No". If the answer is Yes, state the name of SC/ST/BC.

10. Educational Qualifications showing place of education with years in schools and

Colleges from SSC or its equivalent:

Name of School/College with full address	Date of entering	Date of leaving	Examination Passed	Year of passing

*SIGNATURE OF THE CANDIDATE*

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 or Institute	Reasons for leaving the job
	From	To		

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 examinations selections or debarred from taking any examination or rusticated by any authority/institution?

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

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## **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 manner they decide to do so inclusive of police enquiry into my antecedents.

## **REFERENCES WITH MOBILE NUMBER**

- 1.
- 2.

*SIGNATURE OF THE CANDIDATE*

*DATE:*

(To be obtained by the Candidate in a sealed cover)

**FORM – D**

**MEDICAL CERTIFICATE**

**CERTIFICATE OF PHYSICAL FITNESS**

I have carefully examined Sri/Smt/Kum ..... a candidate for employment in the District Coop. Central Bank Ltd., Eluru service as ..... and cannot discover that she/he has any disease communicable or other-wise constitutionally affliction or bodily infirmity except that her/his weight is in excess/below of the standard prescribed or except .....

(I do not consider this a disqualification for the Employment she/he seeks)

We do further certify that in our opinion her/his general physical condition is such as to enable her/him to perform efficiently the active duties and executive service.

His/Her age is according to his/her own statement ..... and by appearance about .....I also certify that he/she has marks of small pox vaccination.

On Chest measurement in Cms :

On full inspiration :

On full expiration :

**Height** ..... **Weight** ..... his/her vision is normal .....  
Hyoermetriphic .....

(Here enter the degree or defect and the strength of correction glasses)

Myopic .....

(Enter the degree of defect and the strength of correction glasses)

Astigmatic (Simple or mixed) .....

(Enter the degree of defect and the strength of correction glasses)

**Hearing** is normal defective (much or slight)

**Urine** : Does chemical examination show (i) Albumin ii) Sugar state (specific gravity)

**Personal Identification marks:**

1.

2.

Signature of the Medical Officer with seal



**FORM - E**

**The District Coop. Central Bank Ltd., Eluru.**

Name : \_\_\_\_\_

Employee Code No. : \_\_\_\_\_

**NOMINATION**

I,.....S/o D/o.W/o..... an employee of The District Coop. Central Bank Ltd., Eluru, do hereby nominate the following as the person/persons to whom any amounts payable to me by the Bank, under Gratuity, Leave encashment, Salary, Bonus, OT Wages, Security Deposit and other amounts, in the event of my death, shall be paid to the extent of share mentioned against each nominee and the receipts given by the nominee/nominees herein mentioned shall be full and valid acquaintance to the Bank in respect of dues payable to me.

<b>Dues on account of</b>	<b>Name of the Nominee</b>	<b>Age</b>	<b>Relation-ship to the employee</b>	<b>Occupation</b>	<b>Address</b>	<b>Share for which nominated (in words)</b>
Gratuity						
Leave Encashment						
Salary						
Bonus						
OT Wages						
Security Deposit						
All other amounts						

As witness hereof my hand this ..... day of ..... 2023...

Signature of Employee

Witnesses :

1.     Signature                     :  
       Name & Address             :
  
2.     Signature                     :  
       Name & Address             :

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**For Office use:**

**CERTIFICATE BY THE BANK**

Certified that the particulars of above nomination have been recorded in the Bank.

Verified by : ..... (S.A. Estt)

Counter Checked by : ..... (Manager – Estt.)

**GENERAL MANAGER (HR.)**

**FORM NO. 40A**

[See rule 67A/rule 101A]\*

**Form of nomination**

..... Provident Fund/ .....Gratuity Fund\* [name of fund]  
 [name of fund]

1. Name of employee..... Surname.....  
**[in block letters]**
2. Sex .....
3. Religion .....
4. Father's name.....
5. Marital status.....  
 (whether unmarried, married, widow or widower)
6. Spouse's name.....  
 (for married only)
7. Date of birth: Day.....Month.....Year.....
8. Permanent address:  
 Village.....Thana.....Taluk/Sub-Division.....  
 Post Office..... District..... State.....

I hereby nominate the persons(s) mentioned bellow to receive the

\* amount that may stand to my credit in the provident fund

\* amount of gratuity in the event of my death before that amount becomes payable or, having become payable, has not been paid, and direct that the said amount shall be distributed among the said person(s) in the manner shown against their names:

<b>Name and address of nominee or Nominee's</b>	<b>Nominee's relationship with the employee</b>	<b>Age of nominee</b>	<b>* Amount or share of accumulations in the provident fund/*amount or share of gratuity to be paid to each nominee</b>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

\*1. Certified that I have no family and should I acquire a family hereafter, the above nomination should be deemed as cancelled.

\*2. Certified that my father/mother/sister(s)/minor brother(s) is/are dependent upon me.

Dated this.....days of .....at.....

.....

Signature of employee

Two witness to signature

- 1.
- 2.

**For Office use:**

Certified that the above declaration has been signed by Shri/Shrimati.....

Before me after           \*She has read the entries          

                          \*the entries have been read over to her by me

Date.....

.....

Signature of the trustee or any person

\*Delete the inapplicable words.

Authorized by the trustees in this behalf

This column should be filled in so as to cover the whole of the amount that may stand to the credit of the employee in the provident fund or the whole of the amount of gratuity that may be payable in the event of his/her death.