THE NAINITAL BANK LIMITED (Regd. Office: G.B. Pant Road, Nainital)

Application for the post of Company Secretary in Officers' Grade/Scale - I or II

To, The Vice Pres The Nainital B Head Office Seven Oaks, N Nainital- 263	ank Lim Mallital,																			YC PA PH	ЮТ	POR OGR ACR	APH	4	ECEN SIZ AN	E
Dear Sir,																										
In response to Secretary in Offi	-						ereb	y, s	sub	mit	my	caı	ndi	dat	ure	apı	olic	at	ion	for	th	e p	ost	of	Com	pany
1. FULL NAM (Leave one I						_	arts	of	you	ır na	ame	∋)-N	⁄lr./	′Ms	./Mr	s.										
2. FATHER'S (Leave one Bo		bet	we	en t	wo	par	ts)-N	/lr./	/Ms	s./M	rs.]
3. DATE OF B (Proof to be su			ng	with	Ш	MM oplic	L	n i.	.e. 2	Xth		Y[ate	e)												
Age as on 31.	10.2022	2:												Í												
Years		М	ontl	hs_				_		Day	/S_				_											
4. ADDRESS IN CAPITAL L			RES	РΟ	ND	EN	CE:	(Le	eav	e oı	ne I	oox	bla	ank	bet	:we	en	tw	o p	oart	s o	f yo	our	ado	dres	ss)
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STATE															Р	INC	O	DE	=							
5. CONTACT	INFORM	ΙΑΝ	10	N:										1								•	•	-1		
STD CODE	TELEI				<u>Э.</u>	١	ΙΟΒ	ILE	ΞN	Ο.				EM	AIL	. ID)*									

^{*}legible valid e-mail ID is compulsory.

Referee		of the Org				mail ld	
Name of the		Designation	on & Name	Present Address		Mobile N	lumber & e-
. Give names	of two	reference	s with their a	l ddress, telephone n	umber	s and em	ı nail address.
profession							employment)
nature of profession		,	Service	handled		9	Salary (if in employment)
Name of the Organization/	I	gnation (if rvice)	Duration of Profession/	Key Portfolios/ Responsibilities	Rea		Annual Income/
	ach do	,	f each assign	ment undertaken by Key Portfolios/		sons for	Annual
B. Experience (of relevant Certi			al Qualificati	ion) Details as on	31.10.2	2022 (Ple	ase enclose co
Others							
Certification							

6. **PERMANENT ADDRESS** (Leave one box blank between two parts of your address)

Subjects

studied

7. **Details of Educational/Professional Qualifications**: **As on 31.10.2022** [Please enclose self-attested photo copies of certificates in support of the claim]

Name of Board/

University/Institute

PINCODE

Marks

Out of

Obtained/

%of

Marks

Year of

Passing

STATE

High School
Intermediate
Graduation (if any)
Post-Graduation (if

Professional

any)

Examination Passed

Name of issuing Bank/ Branch	Drawee Bank/ Branch	Demand Draft No.	Date of Issue	Amount (Rs.) 1,500.00
11 ANY OTHER ADI	DITIONAL INFORMAT	TION:	<u> </u>	1,300.00
- ANY OTHER ADI	DITIONAL INFORMA	TION.		
		DECLARATION		
	ha information furnish.	ed heretofore are corre	ct to the best	of my knowledge ar
I am aware, that in other terminated / dismisse	al has been concealed case, any of the inform	d nor any thing containe mation is found false s ank's service without an	d heretofore ubsequently,	is false in any manne I shall be liable to b
belief. Nothing materi I am aware, that in of terminated / dismisse or reason therefor, su I also understand that	al has been concealed case, any of the inform of immediately from Barbject to other consequent at if I do not fulfill the	d nor any thing containe mation is found false s ank's service without an	d heretofore ubsequently, by service ber	is false in any manne I shall be liable to be nefit and without notice e advertisement, Bar

<u>important:</u>

*Please ensure to fill your valid e-mail ID at Point No. 5 which is compulsory, failing which application shall be rejected straightway.

Incomplete application in any manner that is to say- application not filled properly, without Photograph, Signature, Proofs of Date of Birth and Educational Qualification/ Professional Qualification, Experience, without valid e-mail ID, Phone/ mobile number, etc., and received after expiry of stipulated date shall be rejected at the sole responsibility of the candidate.