## THE NAINITAL BANK LIMITED

(Regd. Office: G.B. Pant Road, Nainital)

## **Application form for the position of Training Faculty**

To, The Chief Ope The Nainital Ba Head Office, Seven Oaks, N Nainital- 263 0	ank Limited, 1allital,		AFFIX YOUR RECENT PASSPORT SIZE PHOTOGRAPH AND SIGN ACROSS								
Dear Sir, In response to your advertisement, I, hereby, submit my candidature application for the <b>position of Training Faculty on contract basis:</b>											
	E IN BLOCK LETTER Box blank between two	S parts of your name)-Mr./	/Ms./Mrs.								
2. FATHER'S NAME:											
3. DATE OF BIRTH: DD MM YY (Proof to be submitted along with application i.e. Xth certificate)  Age as on 30.11.2023											
Years Months Days  4. ADDRESS FOR CORRESPONDENCE: (Leave one box blank between two parts of your											
address) IN CAPITAL LETTERS											
STATE			PINCODE								
5. CONTACT INFORMATION:											
STD CODE	TELEPHONE NO.	MOBILE NO.	EMAIL IDs*								

<sup>\*</sup>legible valid e-mail ID is compulsory.

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STATE																ΡI	NC	OD	E					
7. <b>NATIONALIT</b>	<b>Y</b> :																		•					
8. MENTION <b>M</b>	IN CA	SE	OF	MΑ	λLE	ar	nd <b>F</b>	= IN	I C	ASE	ΕO	FF	ΕM	IAL	ΕII	NΒ	ОХ	:						
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MENTION <b>S</b> IN	CASE	OF	- SI	NG	LE a	an	d <b>M</b>	<b>I</b> IN	CA	SE	Θ	F M	AR	RII	ΞD	IN I	ВО	X:						
(ii) MARITAL ST	ratu:	<b>S</b> : S	SINC	GLE			٨	/IAF	RRI	ED														
9. CATEGORY: GEN OBC SC ST																								
<b>10. Details of E</b> @Please enclose																								
Examination Passed			Name of Board/							Subjects						Year of			Marks				of	
			University/Institute							studied				P	9			Obtained/ Out of		M	arks	;		
High School																								
Intermediate																								
B.A./B.Sc./B.Co	m.																							
M.A./.M Sc./M.C	om.																							
Essential																								
Qualification-																								
Additional																								
Qualification-																								
11. Experience Certificates): Giv	ve det	ails																evai	nt			ı		
professionalqua	lification	on.																						
Name of the Organization Desig			gnation Duration of Service						of	Key Responsibilities						Reasons for leaving				Last Drawn Salary				
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6. **PERMANENT ADDRESS** (Leave one box blank between two parts of your address)

12. <b>Give names of two references</b> with their address, telephone numbers and email address.									
Name of the Referee	Designation & Name of the Organization	Present Address	Mobile Number & e- mail Id						
13. <b>Any Other Add</b> achievements etc.)	ditional Information: (Extra	acurricular activities inc	cluding awards,						
	DE	CLARATION							
and belief. Nothing any manner. I am a be liable to be ter	t the information furnished h g material has been concea aware, that in case, any of t	neretofore are correct to aled nor is anything co the information is found diately from Bank's s	o the best of my knowledge ontained heretofore false in d false subsequently, I shall ervice without any service equential legal actions.						
	that if I do not fulfill the eligerty to reject my application,								
I have read and un	derstood terms & conditions	s in the advertisement	given by the Bank.						

## **Important:**

Place: \_\_\_\_\_

Date:

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

SIGNATURE OF APPLICANT

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.