



Andhra Bank

(A Govt. of India Undertaking)

H R Department

Zonal Office

Address:

Affix recent
passport size
photograph

Application for the post of Sub Staff in the district of _____.
(Applications of the candidates domicile of other districts will not be considered)

1	Name of the candidate with surname in BLOCK LETTERS (should be as per 10th class certificate)						
2	Address for communication						
3	Contact No. (Mobile/Land) / E-mail id						
4	Father's / Husband's name						
5	Employment Exchange / Sainik Board Registration Number and name of the District where it was registered.						
6	Date of Birth & Age as on date of notification						
7	Marital Status						
8	Religion						
9	Educational Qualifications (enclose marks lists for SSC or its equivalent and Intermediate or its equivalent)	10 th class (Total Exam. Marks and Marks secured by the candidate)	%age of marks	Year of passing	Intermediate (Total Exam. Marks and Marks secured by the candidate)	%age of marks	Year of passing
10	Maximum Qualification of the Candidate as on the date of notification {Candidate should enclose photocopy of his Transfer Certificate evidencing his highest qualification} (Appointment is subject to submission of original Transfer Certificate of last class studied)						
11	Present occupation of the candidate						
12	Category (belongs to SC/ST/OBC/EWS/PWBD/Ex-SM)						

13	Sub-Caste (SI No. in Central List)	(SI No.)
14	Place of Domicile (support document is required)	
15	Whether any Criminal / Civil action is pending against you in any Court of law in the country, if so, furnish the details in brief.	
16	Have you been convicted at any time?	
17	Are you a dependent of Ex-Serviceman killed in action?	
18	a) Do you have any of the following Disability, if so furnish details along with Disability Certificate in the specified format: i) blindness / low vision; ii) deafness and hard of hearing; iii) locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy; iv) autism, intellectual disability, specific learning disability and mental illness; v) multiple disabilities from amongst persons under clauses (i) to (iv) including deaf-blindness	
	(b) Percentage of Disability as certified by Medical Board/Medical Authority	

19. Furnish particulars of previous / present Employment

Post Held	Salary Drawn (per month)	Name & address of Organization	Service		Reasons for leaving
			From	To	

The above information given by me is correct to the best of my knowledge and belief. **I hereby declare that I have not passed Graduation as on the date of notification.** In the event of any information/particulars furnished by me being subsequently found materially incorrect / false or in the event of suppression of any relevant facts, my candidature shall be deemed cancelled.

Date:

Place:

(Signature of the candidate)

Note:

- **No column in the application should be left unfilled. Incomplete applications would be summarily rejected.**
- **Attested photocopies of the certificates in support of (1) Age, (2) Educational qualifications along with Transfer Certificate/School Leaving Certificate from the institution last studied, (3) Caste certificate issued by the competent authority (4) Disability certificate (Disability should not be less than 40% in any case) issued by Medical Board/Medical Authority (5) Discharge certificate in case of Ex-Servicemen (6) Proof regarding Place of Domicile (proof of residence/Employment Exchange Registration card) (7) Photo identification card issued by State / Central Government etc., should be enclosed to this Application or else such applications shall not be entertained.**