

FORMAT OF APPLICATION

RESERVE BANK OF INDIA SERVICES BOARD, MUMBAI

APPLICATION FOR THE POST OF RESEARCH OFFICER IN Gr. 'B' (DR) - DSIM

Advt. No. 5 A/2007-08	RECEIPT NO. <input style="width:90%;" type="text"/>
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1. NAME IN FULL (IN ENGLISH WITH CAPITAL LETTERS) :

2. CATEGORY:

A. Indicate category to which you belong by marking [√] in the appropriate box
(OBC candidates coming under 'Creamy Layer' should indicate their category as [UR])

B. IF PHYSICALLY HANDICAPPED TICK THE APPROPRIATE BOX
(Tick [OH] for Orthopaedically Handicapped: [HI] for Hearing Impaired and
VH for Visually Handicapped)

3.	EXAMINATION CENTRE	CODE	

4. SEX: WRITE [M] FOR MALE AND [F] FOR FEMALE:

5. DATE OF BIRTH:

6. AGE (AS ON 01-06-2008):

FEE PAID

(For Office use only)

UR	OBC	SC	ST
OH	HI	VH	

Paste a signed Latest Passport size Photograph

Date Month Year

<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Year	Month	

7. A. ACADEMIC QUALIFICATIONS (AS ON 01-06-2008)
(Starting with minimum qualification stipulated for the post)

Name of the Exam. (Please specify)	Main subjects	Date of Result	University/Institute	Overall % of marks (up to two dec. points)	Class / Division
Graduation					
Post Graduation					

B. HIGHER QUALIFICATIONS (AS ON 01/06/2008) :
(Write in the box whether M.Phil./Ph.D./PG Dip. in Statistics or related subjects)

C. QUALIFICATION IN COMPUTER APPLICATIONS (Write Name of the course)

8. DO YOU FALL UNDER EX-SERVICEMAN/DOMICILED IN J. & K./RETRENCHED FROM GOVT. OFFICE/BANKING INSTITUTION ?
WRITE [Y] FOR YES [N] FOR NO

9. EXPERIENCE WITH REFERENCE TO THE ADVERTISEMENT (AS ON 01/06/2008):

Name and address of the employer	Designation	Job profile	Period		Duration	
			From	To	Yrs	Mths

10. PARTICULARS OF EXAMINATION FEE:

Name of the Drawee Bank/Post Office	No. and date of D D/ Indian Postal Order/s	Amount Rs.

11. POSTAL ADDRESS (IN ENGLISH AND IN CAPITAL LETTERS - DO NOT WRITE NAME)

STATE:	PIN:
email address if any	
Telephone No (with STD) if any	

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that any information given in this application is false/incorrect or that I do not satisfy the eligibility criteria according to the Board, my candidature /appointment is liable to be cancelled/terminated. I have read and understood the stipulations given in the advertisement and hereby undertake to abide by them.

PLACE :	_____ (Signature of the Applicant)
DATE :	Name :

Very important points to be noted by the candidates : (i) Candidates must complete the application in all respects including Pasting of photograph. (ii) Incomplete applications in any respect will be rejected and no correspondence will be entertained by the Board in this matter.

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