				A SERVICES BO ST OF OFFICER							
Advt. No. 5 A/2007-		AHONTON		01 01 0111021	RECEIP	` / _					
1. NAME IN FULL (IN EN	IGLISH WITH CAF	PITAL LETTERS)):		FEE PA	ID					
2. CATEGORY:				_	(For Office use only)						
A. Indicate category to (OBC candidates com					UR	OBC	SC	ST			
B. IF PHYSICALLY HANDICAPPED TICK THE APPROPE (Tick [OH] for Orthopaedically Handicapped: [HI] for Hea VH for Visually Handicapped)					ОН	НІ	VH Paste a	signed			
3. EXA	AMINATION CENTI	RE	С	ODE			Late Passpo	est rt size			
							Photog	угарп			
4. SEX: WRITE [M] FOR	R MALE AND [F] F	OR FEMALE:						V			
5. DATE OF BIRTH:					Dat	e Mont	.n	Year			
						Year	Moi	nth			
6. AGE (AS ON 01-06-2						1641	WIOI				
7. A. ACADEMIC QUALI (Starting with minim			ost)								
Name of the Exam. (Please specify)	Main subjects	Date of Result	Uı	niversity/Institute		Overall % of marks Class / (up to two dec. points) Division					
Graduation											
Post Graduation											
B. HIGHER QUALIFICA (Write in the box whe from IIM only))			PG Dip. in	Management							
8. DO YOU FALL UNDE FROM GOVT. OFFIC WRITE [Y] FOR YES	E/BANKING INST		IN J. & K.,	RETRENCHED							
9. EXPERIENCE WITH R	EFERENCE TO TH	HE ADVERTISEN	MENT (AS	ON 01/06/2008):							
Name and address of t	the employer	Designation	Job profile		Per	iod	Dui	ration			
					From	То	Yrs	Mths			
10. PARTICULARS OF EXAMINATION FEE: Name of the Drawee Bank/Post Office No. and date of D D					D/ Indian Postal Order/s Amount Rs.						
11. DID YOU APPLY 4 T (Applicable only to U			ST OF OF	FICER GR.'B' ? WRIT	TE (Y) FOR YES	AND (N) FOR	NO				
12. POSTAL ADDRESS IN CAPITAL LETTE	(IN ENGLISH ANI) TE NAME\									
IN OAI ITAL LETTE	NO DO NOT WILL	i E NAME,									
I hamaba da daga dhaha	-11 414-44-	and to this	STATE			PIN:					
I hereby declare that a application are true, comp knowledge and belief. I un	olete and correct to	the best of my		address if any one No (with STD) if	any						
found that any informatic candidature /appointment undertake to abide by the	t is liable to be car										
PLACE :					(Signatur	e of the Applica	ant)				
DATE: Very important points	s to be noted by t	he candidates	: (i) Cand	Name : lidates must comple	ete the applica	tion in all res	pects includ	ding			
Pasting of photogra the Board in this ma	ph. (ii) Incomplet	e applications	in any re	espect will be rejec	ted and no co	rrespondence	e will be er	ntertained by			

FORMAT OF APPLICATION RESERVE BANK OF INDIA SERVICES BOARD, MUMBAI										
AF				SEARCH OFFICE) - DS	IM	
Advt. No. 5 A/2007-			RECEIP							
1. NAME IN FULL (IN EN			FEE PA	ID						
					(For	Office use of	only)			
2. CATEGORY:										
	o which you belong l ning under 'Creamy La					UR		OBC	SC	ST
B. IF PHYSICALLY H (Tick [OH] for Ortho VH for Visually Har			ОН	Н	í [VH				
3.		_							Paste a s	
EXA	AMINATION CENTR	KE	CO	DE					Passpor Photog	I .
4. SEX: WRITE [M] FOI	R MALE AND [F] FO	OR FEMALE:								
5. DATE OF BIRTH:						Date	e 	Month		Year
6. AGE (AS ON 01-06-2	2008:					v	ear		Month	
7. A. ACADEMIC QUALI	IFICATIONS (AS O		st)			<u> </u>	cai		MONUI	
Name of the Exam. (Please specify)	Main subjects	Date of Result	Uni	versity/Institute			erall % o		Class / Division	
Graduation										
Post Graduation										
B. HIGHER QUALIFICA (Write in the box whe C. QUALIFICATION IN	ther M.Phil./Ph.D./P	G Dip. in Statisti	cs or relate	d subjects) the course)						
8. DO YOU FALL UNDE FROM GOVT. OFFIC WRITE [Y] FOR YES	E/BANKING INSTI		N J. & K./R	ETRENCHED						
9. EXPERIENCE WITH R	REFERENCE TO TH	E ADVERTISEN	MENT (AS C	ON 01/06/2008):						
Name and address of	the employer	Designation	Jok	profile	Per	Period		Dur	ation	
						From	T	0	Yrs	Mths
10. PARTICULARS OF E		<u>:</u>		No and data of D.D.	los ali	nn Danta	l Ondon/		Amount F	1-
Name of the Drawee Bank/Post Office				No. and date of D D/ Indian Postal Order/s				s 	Amount	is.
									<u> </u>	
11. POSTAL ADDRESS IN CAPITAL LETTE										
			STATE:				PIN:			
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 Boar candidature /appointment is liable to be cancelled/terminated. I have read and understood the stipulations given in the advertisement and h							e Board, my			
undertake to abide by them. PLACE: (Signature of the App						Applica	int)			
DATE :				Name :						
Very important poi Pasting of photogra the Board in this ma	ph. (ii) Incomplete	the candidate applications	ites : (i) (in any res	Candidates must co spect will be rejecte	ompl d ar	ete the nd no co	applica rrespor	ition in idence	all respect will be en	ts including tertained by

ZXFORMAT OF APPLICATION RESERVE BANK OF INDIA SERVICES BOARD, MUMBAI												
٨٥				SERVICES BOA) - DE	ΔP			
Ar	LICATION FU	IN THE PUS	I OF KE	OLANUH UFFIL	LK I	IN GI. E	י (טע	, - DE/	¬Г			
Advt. No. 5 A/2007-08						RECEIF	PT NO.					
1. NAME IN FULL (IN EN			FEE PA	AID								
2. CATEGORY:								(For	Office use	only)		
 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) 						UR OBC SC ST OH HI VH						
3.			<u> </u>						Paste a	_		
EXA	EXAMINATION CENTRE CODE								Passpor Photog	t size		
4. SEX: WRITE [M] FOR MALE AND [F] FOR FEMALE:												
5. DATE OF BIRTH:						Date	e 	Mon	th	Year		
6. AGE (AS ON 01-06-2	2008:						Year		Month			
7. A. ACADEMIC QUAL (Starting with minim	IFICATIONS (AS O		st)									
Name of the Exam.	Main subjects	Date of	Un	iversity/Institute	+	Overall % of marks Class /						
(Please specify)	,	Result		•		(up to	two de	c. points	S)	Division		
Graduation Post Graduation												
B. HIGHER QUALIFICATIONS (AS ON 01/06/2008): (Write in the box whether M.Phil./Ph.D./PG Dip. in Economics 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												
Name and address of	the employer	Designation	Jo	b profile		Per	iod		Duration			
						From	Т	o	Yrs	Mths		
10. PARTICULARS OF EXAMINATION FEE: Name of the Drawee Bank/Post Office				No. and date of D D/ Indian Postal Or				ler/s Amount Rs.				
									<u> </u>			
11. POSTAL ADDRESS IN CAPITAL LETTE												
I hereby declare that application are true, com knowledge and belief. I u found that any informa false/incorrect or that I do	Telepho ording to t	PIN: address if any none No (with STD) if any the Board, my candidature /appointment is liable to be cancelled/terminate						/terminated. I				
have read and understoo PLACE :		ereby undertake to abide by them. (Signature of the Applicant)										
DATE :				Name :								
Very important poi	nts to be noted b	y the candida	ites : (i)	Candidates must o	comp	lete the	applica	ation in	all respec	cts including		
Pasting of photogra the Board in this ma	ph. (ii) Incomplete	e applications i	in any re	spect will be reject	ed a	nd no co	orrespo	ndence	will be er	itertained by		