RESERVE BANK OF INDIA SERVICES BOARD, MUMBAI

APPLICATION FOR THE POST OF ASSISTANT MANAGER (SECURITY)
IN GRADE 'A'/ASSISTANT MANAGER (RAJBHASHA) IN GRADE 'A'/
RESEARCH OFFICER IN GRADE 'B' FOR DSIM

Advt. No. 5A/2010-11						I	RECEIPT NO.	
POST APPLIED FOR:							Only for office use.	
1. NAME IN FULL (IN ENGLISH WITH CAPITAL LETTERS):							or of the disc	
2. CATEGORY: A.WRITE GEN for General/SC for Scheduled Caste/ ST for Scheduled Tribe /OBC for Other Backward Class. (OBC candidates coming under 'Creamy Layer' should Indicate their category as GEN). This column should not be kept blank B. PWD Category WRITE OH for Orthopaedically Handicapped, HI for Hearing Impaired and VH for Visually Handicapped in addition to the main Category in A above (Others leave it Blank)							Paste a Signed Latest Passport size Photograph	
3. EXAMINATION CENTRI	=	CODE NO). 					
4. SEX: WRITE [M] FOR MALE AN	ND [F] FOR	FEMALE:						
5. DATE OF BIRTH:				Da	ate Mon	th	Year	
6. AGE (AS ON 01.04.2011):		Years	Months					
7. A. ACADEMIC QUALIFICATION (Starting with minimum qualification)								
Name of the Exam. (Please specify)			Date of University/ Overall % of marks Result Institute (up to two dec. points)		s)	Class / Division		
Graduation								
Post Graduation								
C. QUALIFICATION IN COM [ONLY FOR THE POST O 8. DO YOU FALL UNDER EX OFFICE/BANKING INSTIT WRITE [Y] FOR YES [N] 9. DO YOU HAVE THE PRESC ARMY/NAVY/AIR FORCE F (RAJBHASHA) - WRITE [Y 10. EXPERIENCE WITH REFE	F RESEAR(-SERVICEM UTION ? FOR NO CRIBED MIN OR AM (SE	CH OFFICER MAN/DOMICI NIMUM FIVE Y CURITY) / TH [N] FOR NO	LED IN J. & K./RE YEARS' COMMISS REE YEARS' EXP	ETRENCHED FR SIONED SERVIC ERIENCE FOR A	E IN THE			
Name and address	Designat		Job profile		Period		Duration	
of the employer	Deorginat		oos prome	From			Yrs Mths	
11. PARTICULARS OF EXAM	IINATION F	FF.						
Name of the Drawee Bank/ Post Office		No. of D D / Indian Postal Order/s			Date of D D / Indian Postal Order/s		Amount (Rs.)	
12. POSTAL ADDRESS: (IN ENGLISH AND IN CAPIT WITH PIN CODE NO./ DO NOT WRITE YOUR NAM		RS						
E-mail address, if any:			_					
Telephone No (with STD code)/ Mobile No	o., if any:	_					
I hereby declare that all the sta I understand that if at any sta eligibility criteria according to t the stipulations given in the ad	ge, it is four he Board, m	nd that any in ny candidature	iformation given ir a / appointment is I	this application this to the table to be cance	is false/incorre	ct or that I	do not satisfy the	
PLACE :				91	GNATURE OF	THE APPI	ICANT	
DATE :				NAME:	CIVATORE OF	c AFFL	JONIN I	
Very important points to be								

/ery 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. (iii) Post applied for must be invariably mentioned at the top of the application.