# Roll Nos. of candidates shortlisted for the interview for the posts of Research Officer in Gr. B for DSIM - Panel Year 2009

All these shortlisted candidates are being advised separately to submit documents [(i) **General/OBC/SC/ST Category** - 5 copies each of Attestation Form and Bio-data (ii) OBC- In addition to (i) above, OBC Declaration in original and a copy of latest OBC certificate as per the prescribed format (iii) SC/ST - In addition to (i) above, latest SC-ST Caste certificate as per the prescribed format] before **August 6, 2010** to the General Manager, Reserve Bank of India Services Board, Reserve Bank of India Building, 3rd floor, Opp. Mumbai Central Railway Station, Byculla, Mumbai 400008 by Courier/Speed Post. They may use the proformae attached for submitting documents.

Interviews will be held (i) **Mumbai** -at 9.00 am on August 18, 2010 (for candidates pertaining to centres Mumbai, Ahmedabad, Pune and Nagpur) at Reserve Bank of India Services Board's Office at Reserve Bank of India Building, 3rd floor, Opp. Mumbai Central Railway Station, Byculla, Mumbai 400008; (ii) **Chennai** - 9.00 am on August 27, 2010 (for candidates pertaining to centres Chennai, Bangalore, Kochi and Thiruvananthapuram) at RBI, Fort Glacis, 16 Rajaji Salai, Chennai 600001;) **Kolkata** - at 9.00 am on September 02, 2010 (for candidates pertaining to centre Kolkata) at RBI, 15,Netaji Subhas Road, Kolkata 700001; **New Delhi** – at 9.00 am on September 08, 2010 (for candidates pertaining to centres New Delhi, Lucknow, Jaipur and Jammu) at RBI, 6 Sansad Marg, New Delhi 110001. All these candidates are being advised individually also".

## RESERVE BANK OF INDIA SERVICES BOARD Date:21-JUL-2010 RESEARCH OFFICERS IN GR.'B' FOR DSIM-2009

#### Result List

AHMEDABAD 1101 - 200017

BANGALORE

1207 - 200003 200006

CHENNAI

1701 - 200017

JAIPUR

2001 - 200009

2005 - 200006

2007 - 200003

JAMMU

2101 - 200006

KOCHI

2301 - 200046 2305 - 200034

KOLKATA

1501 - 200042

1505 - 200040

1507 - 200033 200034 200035

LUCKNOW

2401 - 200019

2405 - 200016

2407 - 200005 200006

MUMBAI

2501 - 200031

2505 - 200022

NAGPUR

2601 - 200003 200004

NEW DELHI

2701 - 200042 200047

2705 - 200034

2707 - 200005 200007 200011

PUNE

3005 - 200015

3007 - 200003 200010

AM/Manager AGM General Manager

# RESERVE BANK OF INDIA SERVICES BOARD Date:21-JUL-2010 RESEARCH OFFICERS IN GR.'B' FOR DSIM-2009

#### Result List

THIRUVANANTHAPURAM 3105 - 200016 3107 - 200001 200003

AM/Manager

AGM

General Manager

## RESERVE BANK OF INDIA

#### **CENTRAL OFFICE**

DEPARTMENT OF ADMINISTRATION AND PERSONNEL MANAGEMENT MUMBAI -400001.

Tel. / Mob. No. :\_\_\_\_\_

Name in full (in block capitals) with aliases, if any. (Please indicate if you have added or dropped at

Affix signed passport size (5cm. x 7cm. approx) photograph

Name

### **ATTESTATION FORM**

### Warn ing

- 1. The furnishing of false information or supression of any factual Information in the Attestation Form would be a disqualification and is likely to render the candidate unfit for employment in the Bank.
- 2. If detained, convicted, debarred, etc. subsequent to the completion and submission of this form, the details should be communicated immediately to the Bank or the authority to whom the attestation form has been sent earlier, as the case may be, failing which it will be deemed to be a suppression of factual information.
- 3. If the fact that false information has been furnished or that there has been suppression of any factual Information in the attestation form, comes to notice at any time during the service of a person, his/her services would be liable to be terminated without any notice or compensation In lieu thereof.

Surname

|     | any stage an                                                                                        | y part of your name      | or surname)               |                                                                                   |                                                                                      |  |  |  |  |   |   |
|-----|-----------------------------------------------------------------------------------------------------|--------------------------|---------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|--|--|--|---|---|
|     |                                                                                                     |                          |                           |                                                                                   |                                                                                      |  |  |  |  |   |   |
|     |                                                                                                     |                          |                           |                                                                                   |                                                                                      |  |  |  |  |   |   |
| 2.  | Present address in full (i.e. Village, Thana an District or House Number, Lane/Street/Road an Town) |                          |                           |                                                                                   |                                                                                      |  |  |  |  |   |   |
|     | ,                                                                                                   |                          |                           |                                                                                   | PIN                                                                                  |  |  |  |  |   |   |
| 3.  |                                                                                                     | ddress in full (i.e. Vil |                           | (a)                                                                               |                                                                                      |  |  |  |  | • |   |
|     | District or House Number Lane/Street/Roa andTown and name of District Headquarters                  |                          |                           |                                                                                   | PIN                                                                                  |  |  |  |  |   |   |
|     | (b) If originally a resident of Pakistan the address                                                |                          |                           |                                                                                   |                                                                                      |  |  |  |  |   |   |
|     | in that country and the date of migration to Indian Union.                                          |                          |                           | (b)                                                                               |                                                                                      |  |  |  |  |   |   |
|     |                                                                                                     |                          |                           | PIN                                                                               |                                                                                      |  |  |  |  |   |   |
| 4.  | the precedin                                                                                        | g five years. In case    | of stay abroad (i         | ere you have resided<br>including Pakistan), <sub> </sub><br>ge of 21 years, shou | particulars of all pl                                                                |  |  |  |  |   |   |
| Mth | From<br>Yr.                                                                                         | To<br>Mth Yr.            | (i.e. Village, or House N | addresses in full<br>Thana & District<br>o., Lane/Street<br>& Town)               | Name of the District Headquarte<br>of the place mentioned in the<br>preceding column |  |  |  |  |   | s |
|     |                                                                                                     |                          | 11044                     | a rown,                                                                           |                                                                                      |  |  |  |  |   |   |
|     |                                                                                                     |                          |                           |                                                                                   |                                                                                      |  |  |  |  |   |   |
|     |                                                                                                     |                          |                           |                                                                                   |                                                                                      |  |  |  |  |   |   |
|     |                                                                                                     |                          |                           |                                                                                   |                                                                                      |  |  |  |  |   |   |
|     |                                                                                                     |                          |                           |                                                                                   |                                                                                      |  |  |  |  |   |   |
|     |                                                                                                     |                          |                           |                                                                                   |                                                                                      |  |  |  |  |   |   |
|     |                                                                                                     |                          |                           |                                                                                   |                                                                                      |  |  |  |  |   |   |

| 5.                                      |                                                     | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (by     | onality<br>birth<br>or by | Place of<br>birth | Occupation (if<br>employed, give<br>designation&full<br>office address) | Present postal<br>address<br>(if dead, give<br>last address) | Permanent<br>Home<br>address |  |  |  |
|-----------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------|-------------------|-------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------|--|--|--|
| i)                                      | Father<br>(Name in full<br>with aliases,<br>if any) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                           |                   |                                                                         |                                                              |                              |  |  |  |
| ii)                                     | Mother                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                           |                   |                                                                         |                                                              |                              |  |  |  |
| iii)                                    | Wife/<br>Husband                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                           |                   |                                                                         |                                                              |                              |  |  |  |
| 6.                                      | Nationality                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                           | _                 |                                                                         |                                                              |                              |  |  |  |
| 7. (a) Date of birth (in Christian era) |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | (a)                       |                   |                                                                         |                                                              |                              |  |  |  |
|                                         | (b) Present a                                       | ge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |                           | (b)               |                                                                         |                                                              |                              |  |  |  |
|                                         | (c) Age at Ma                                       | atriculation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                           | (c)               |                                                                         |                                                              |                              |  |  |  |
| 8.                                      | (a) Place of situated                               | birth, District and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | State   |                           | (a)               |                                                                         |                                                              |                              |  |  |  |
|                                         | (b) District ar                                     | nd State to which you b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _       |                           | (b)               |                                                                         |                                                              |                              |  |  |  |
|                                         | (c) District ar<br>originally                       | nd state to which your f<br>belongs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ather   |                           | (c)               |                                                                         |                                                              |                              |  |  |  |
| 9.                                      | (a) Your Reli                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                           | (a)               |                                                                         |                                                              |                              |  |  |  |
|                                         | Schedule                                            | a member of a Sc<br>d Tribe or OBC ? Ans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | wer 'Ye | s' or 'No'                |                   |                                                                         |                                                              |                              |  |  |  |
|                                         |                                                     | answer is 'Yes' state the the creation and the creat the |         |                           | (c)               | (c)                                                                     |                                                              |                              |  |  |  |
| 10                                      |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | -                         | ation with        | years in Schools a                                                      | nd Colleges since                                            | 15th year of age:            |  |  |  |
| Name of School/College Date of el       |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                           |                   |                                                                         |                                                              |                              |  |  |  |
|                                         |                                                     | e of School/College<br>vith full address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         | Date of e                 | entering          | Date of Leaving                                                         | Examination                                                  | on passed                    |  |  |  |
|                                         |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Date of e                 | entering          | Date of Leaving                                                         | Examination                                                  | on passed                    |  |  |  |
|                                         |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Date of e                 | entering          | Date of Leaving                                                         | Examination                                                  | on passed                    |  |  |  |
|                                         |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Date of e                 | entering          | Date of Leaving                                                         | Examination                                                  | on passed                    |  |  |  |
|                                         |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Date of e                 | entering          | Date of Leaving                                                         | Examination                                                  | on passed                    |  |  |  |
|                                         |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Date of e                 | entering          | Date of Leaving                                                         | Examination                                                  | on passed                    |  |  |  |
|                                         |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Date of e                 | entering          | Date of Leaving                                                         | Examination                                                  | on passed                    |  |  |  |
|                                         |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Date of e                 | entering          | Date of Leaving                                                         | Examination                                                  | on passed                    |  |  |  |
|                                         |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Date of e                 | entering          | Date of Leaving                                                         | Examination                                                  | on passed                    |  |  |  |
|                                         |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Date of e                 | entering          | Date of Leaving                                                         | Examination                                                  | on passed                    |  |  |  |
|                                         | V                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | employ  |                           |                   | Date of Leaving                                                         | Examination                                                  | on passed                    |  |  |  |
|                                         | . (a) If you Designation                            | have, at anytime, been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Р       | ved give de               | etails:           | address of the off                                                      | ice, Full reaso                                              | ns for leaving               |  |  |  |
|                                         | . (a) If you Designation                            | have, at anytime, been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         | red give de               | etails:           |                                                                         | ice, Full reaso                                              |                              |  |  |  |
|                                         | . (a) If you Designation                            | have, at anytime, been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Р       | ved give de               | etails:           | address of the off                                                      | ice, Full reaso                                              | ns for leaving               |  |  |  |
|                                         | . (a) If you Designation                            | have, at anytime, been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Р       | ved give de               | etails:           | address of the off                                                      | ice, Full reaso                                              | ns for leaving               |  |  |  |
|                                         | . (a) If you Designation                            | have, at anytime, been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Р       | ved give de               | etails:           | address of the off                                                      | ice, Full reaso                                              | ns for leaving               |  |  |  |
|                                         | . (a) If you Designation                            | have, at anytime, been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Р       | ved give de               | etails:           | address of the off                                                      | ice, Full reaso                                              | ns for leaving               |  |  |  |

|       | (b)        | If the previous employment was under Government of India/a state Governmen Undertaking owned or controlled by the Gov India or a State Government/an Autonom Body/a University/a local Body;                                                                                                                                                                                            | <u>t/an</u><br><u>t. of</u>                 |              |            |        |  |
|-------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------|------------|--------|--|
|       |            | If you had left service on giving a mornotice under rule 5 of the Central Civil Serv (Temporary Service) Rules, 1949, or any sin corresponding rules, were any disciplir proceedings framed against you, or had been called upon to explain your conduct in matter at the time you gave notice of terminator of service, or at a subsequent date, before yearvices actually terminated? | ices<br>nilar<br>nary<br>you<br>any<br>tion |              |            |        |  |
| 12.   | (a)        | Have you ever been arrested, prosecuted, I under detention or bound down/fined, conviding a court of law for any offence, or debard disqualified by any Public Service Commission any institution from appearing at examination/selection or debarred from examination, rusticated by any University or other educational authority/institution?                                        | cted<br>red/<br>sion<br>its<br>any          |              |            |        |  |
|       | (b)        | Is any case pending against you in any cou law, University or any other educational authorinstitution at the time of filling up this attesta form?                                                                                                                                                                                                                                      | ority/                                      |              |            |        |  |
|       |            | (If the answer to (a) or (b) is 'Yes' full particular etc. and the nature of the case pending in filling up this form should be given)                                                                                                                                                                                                                                                  |                                             |              |            |        |  |
|       |            | (Note: Please also see the 'War                                                                                                                                                                                                                                                                                                                                                         | ning' at the top of this attes              | tion form    | า)         |        |  |
| 13.   | Nam<br>(a) | erences<br>les and addresses of:<br>two responsible persons of<br>your locality (OR)                                                                                                                                                                                                                                                                                                    | (1)                                         |              |            |        |  |
|       | (b)        | two persons to whom you are known                                                                                                                                                                                                                                                                                                                                                       |                                             | PIN          |            |        |  |
|       |            | The references should be other than relatives and should be known to you for more than three years                                                                                                                                                                                                                                                                                      | (2)                                         | PIN<br>— — — |            |        |  |
| I am  |            | ertify that the foregoing information is corrected ware of any circumstances which might impa                                                                                                                                                                                                                                                                                           |                                             |              |            |        |  |
| Date  |            |                                                                                                                                                                                                                                                                                                                                                                                         | -                                           | Signatu      | ure of can | didate |  |
| Place | <b>)</b> : |                                                                                                                                                                                                                                                                                                                                                                                         |                                             |              |            |        |  |

(NOTE: PLEASE DO NOT LEAVE ANY COLUMN AND SUBCOLUMN BLANK/UNFILLED. YOU MUST WRITE EITHER 'YES' OR 'NO'. DO NOT WRITE NOT APPLICABLE)

## **IDENTITY CERTIFICATE**

Certificate to be signed by any one of the following

| (i)    | Gazetted Officers of Central or State Government;                                                                                                 |  |  |  |  |  |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| (ii)   | Members of Parliament or State Legislature belonging to the Constituency where the candidate or his/her parent / guardian is ordinarily resident; |  |  |  |  |  |
| (iii)  | Sub-Divisional Magistrates/Officers;                                                                                                              |  |  |  |  |  |
| (iv)   | Tehsildars or Naib/Deputy Tehsildars authorised to exercise magisterial powers;                                                                   |  |  |  |  |  |
| (v)    | Principals and Head Masters of the recognised School/College/Institution where the candidate studied last;                                        |  |  |  |  |  |
| (vi)   | Block Development Officers;                                                                                                                       |  |  |  |  |  |
| (vii)  | Post-Masters; and                                                                                                                                 |  |  |  |  |  |
| (viii) | Panchayat Inspectors.                                                                                                                             |  |  |  |  |  |
|        |                                                                                                                                                   |  |  |  |  |  |
|        |                                                                                                                                                   |  |  |  |  |  |
|        |                                                                                                                                                   |  |  |  |  |  |
|        | Certified that I have known Shri/Shrimati/Kumari                                                                                                  |  |  |  |  |  |
| son/c  | daughter of Shriyearsfor the lastyears                                                                                                            |  |  |  |  |  |
| mont   | hs and that to the best of my knowledge and belief the particulars furnished by him/her are correct.                                              |  |  |  |  |  |
|        | Signature                                                                                                                                         |  |  |  |  |  |
|        |                                                                                                                                                   |  |  |  |  |  |
|        | Designation or Status                                                                                                                             |  |  |  |  |  |
|        | & address                                                                                                                                         |  |  |  |  |  |
| Place  | e: (Rubber stamp of office)                                                                                                                       |  |  |  |  |  |
| Date   | :                                                                                                                                                 |  |  |  |  |  |
|        |                                                                                                                                                   |  |  |  |  |  |
|        |                                                                                                                                                   |  |  |  |  |  |

### TO BE FILLED BY THE OFFICE

Name, designation and address of the appointing authority.

Reserve Bank of India

Post for which the candidate Is being considered.:

## RESERVE BANK OF INDIA SERVICES BOARD

**BYCULLA** 

MUMBAI - 400 008.

Affix a signed latest passport size photograph

## **BIO - DATA FORM**

| PO  | ST APPLIE                                                                                                                                                                       | D FOR                                                          |                            | MEDIUM OF INTE                                 | RVIEW :          | ROI                  | LL NO                           |                                |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------|------------------------------------------------|------------------|----------------------|---------------------------------|--------------------------------|
| 1.  | . Name in full Shri/Smt/Kum (As recorded in Matriculation or equivalent certificate; in case of change in name, please produce necessary documentary evidence)                  |                                                                |                            |                                                |                  |                      |                                 |                                |
| 2.  | Present P                                                                                                                                                                       | ostal address :                                                |                            | Ne                                             | earest Railway   | Station :            |                                 |                                |
| 3.  | Father's/H                                                                                                                                                                      | Husband's name and (                                           | Occupa <sup>-</sup>        | tion :                                         |                  |                      |                                 |                                |
| 4.  | Category:  (Tick ( ) the appropriate box) in case of a) SC/ST, indicate Caste / Sub-caste / Tribe  SC ST OBC GENERAL  Description of Candidate Orthopaedically Hearing Visually |                                                                |                            |                                                |                  |                      |                                 |                                |
|     |                                                                                                                                                                                 | ally Handicapped Can                                           |                            | Orthopaedica<br>handicappe                     |                  |                      | Visua <b>ll</b> y<br>handicappe | ed                             |
| 4A. |                                                                                                                                                                                 | ou belong to minority se indicate which com                    |                            | unity? : Yes / No.<br>: Buddhist/Chris         | tian/Muslim/Sikl | h/Zoroastra          | ain                             |                                |
| 5.  | Nationality                                                                                                                                                                     | y:                                                             |                            |                                                |                  |                      |                                 |                                |
| 6.  | Ex-service                                                                                                                                                                      | eman : Yes / No                                                | Migr                       | ant : Yes / No                                 | Staff : Yes / No |                      |                                 |                                |
| 7.  | Date of Bi                                                                                                                                                                      | irth in Christian Era :                                        |                            |                                                |                  |                      |                                 |                                |
| 8.  |                                                                                                                                                                                 | :/Technical/Profession<br>tion / S.S.C. Examina                |                            |                                                |                  |                      |                                 |                                |
|     | Examina-<br>tions<br>Passed                                                                                                                                                     | College / School                                               | Year<br>of<br>Pass-<br>ing | Examining Body<br>(Board / University<br>etc.) | Main<br>Subject  | No. of attempts made | Exact % of marks with fractions | Class<br>Grade*<br>and<br>Rank |
| 1.  |                                                                                                                                                                                 |                                                                |                            |                                                |                  |                      |                                 |                                |
| 2.  |                                                                                                                                                                                 |                                                                |                            |                                                |                  |                      |                                 |                                |
| 3.  |                                                                                                                                                                                 |                                                                |                            |                                                |                  |                      |                                 |                                |
| 4.  |                                                                                                                                                                                 |                                                                |                            |                                                |                  |                      |                                 |                                |
| 5.  |                                                                                                                                                                                 |                                                                |                            |                                                |                  |                      |                                 |                                |
| 6.  |                                                                                                                                                                                 |                                                                |                            |                                                |                  |                      |                                 |                                |
| *   |                                                                                                                                                                                 | Grade exact numeric from appropriate auth                      |                            | valent to be supported                         | by a             |                      |                                 |                                |
| 9.  | profes                                                                                                                                                                          | ulars of very high acadesional qualifications/eue to the Bank. |                            |                                                |                  |                      |                                 |                                |
|     | ` '                                                                                                                                                                             | s Salary per month dra<br>yer (As shown in colu                |                            | m previous / existing                          |                  |                      |                                 |                                |
|     |                                                                                                                                                                                 | ner on the basis of (a)<br>date would desire to ha             |                            |                                                |                  |                      |                                 |                                |

in the pay scale offered, if selected. If so, how many and the justification for the request.

| 10.   | Particulars of Prize Scholarships obta                                                                    |                        | dals /                         |               |            |                       |           |               |                       |
|-------|-----------------------------------------------------------------------------------------------------------|------------------------|--------------------------------|---------------|------------|-----------------------|-----------|---------------|-----------------------|
| 11.   | I. Proficiency in sports / extra curricular activities (Indicate credits & distinctions obtained, if any) |                        |                                |               |            |                       |           |               |                       |
| 12.   | Knowledge of Lan                                                                                          | guages                 | other than E                   | nglish (Indic | cate by a  | tick (✔) ma           | rk)       |               |                       |
|       | Language                                                                                                  | Ca                     | an speak                       | Can           | read       | Can wr                | rite      |               | tion passed,<br>f any |
|       |                                                                                                           |                        |                                |               |            |                       |           |               |                       |
|       |                                                                                                           |                        |                                |               |            |                       |           |               |                       |
| 13.   | Particulars of pres                                                                                       | ent and                | previous em                    | ployment      |            |                       |           |               |                       |
|       | Name & Addres                                                                                             | s                      | Per                            |               |            | gnation<br>nature     |           | ss Salary     | Reason<br>for         |
|       | of employer                                                                                               |                        | From                           | То            |            | duties                | dra       | wn p.m.       | leaving               |
|       |                                                                                                           |                        |                                |               |            |                       |           |               |                       |
|       |                                                                                                           |                        |                                |               |            |                       |           |               |                       |
|       |                                                                                                           |                        |                                |               |            |                       |           |               |                       |
|       |                                                                                                           |                        |                                |               |            |                       |           |               |                       |
|       |                                                                                                           |                        |                                |               |            |                       |           |               |                       |
| 14.   | Previous attempts (a) Name of the P (b) Date of Exami (c) Whether called                                  | ost<br>nation          |                                |               | -          | Reserve Ba            | nk of In  | idia Services | s Board               |
| 15.   | Have you ever be<br>any other Recruitr<br>Examinations/Sele                                               | nent Bo                | ard including                  | R.B.I. Serv   | ices Boa   | ı <b>rd</b> for any o |           | on /          | Yes / No              |
| 16.   | (a) Are you free fi<br>(b) If you are und<br>party for your<br>If answer to (a                            | er liabili<br>educatio | ty to repay m<br>on or for any | other purpo   | se, state  |                       |           |               | Yes / No              |
| 17.   | Additional particul candidate may like                                                                    |                        |                                |               |            |                       |           |               |                       |
| 18.   | Particulars of copi                                                                                       | es of ce               | rtificates end                 | closed :      |            |                       |           |               |                       |
|       | 1.                                                                                                        |                        |                                |               | 4.         |                       |           |               |                       |
|       | 2.                                                                                                        |                        |                                |               | 5.         |                       |           |               |                       |
|       | 3.                                                                                                        |                        |                                |               | 6.         |                       |           |               |                       |
| I als | rtify that the particula<br>to certify that I fulfill t<br>re of any circumstan                           | he eligib              | ility criteria lai             | d down for th | ne post in | the relative a        | advertise |               |                       |
| Plac  | ee:                                                                                                       |                        |                                |               |            |                       |           |               |                       |
| Date  | e:                                                                                                        |                        |                                |               |            |                       |           |               |                       |
|       |                                                                                                           |                        |                                |               |            |                       |           | Signature of  | f Candidate           |
|       |                                                                                                           |                        |                                |               |            |                       |           | -             |                       |

#### घोषणा / DECLARATION

| "में                                | पुत्र/पु                   | त्री श्री            |                  |                    |
|-------------------------------------|----------------------------|----------------------|------------------|--------------------|
| निवासी ग्राम/कस्बा/शहर              | জিলা                       | राज्य_               |                  | एतहद्वारा          |
| यह घोषित करता/करती हूँ कि मैं       |                            | समुदाय               | का/की हूँ जो वि  | n कार्मिक और       |
| प्रशिक्षण विभाग के दिनांक 08-09-19  | 93 के कार्यालय - ज्ञाप     | न सं. 36012/22/9     | 3-स्था. (एस.सी.  | टी.) में निहित     |
| आदेश के अनुसार सेवाओं में आरक्षण    | ा के प्रयोजन से भारत-      | सरकार द्वारा एक पि   | छड़े वर्ग के रूप | में मान्य है । मैं |
| यह भी घोषित करता/करती हूँ कि मैं वि | रनांक 08-09-1993 के        | उपर्युक्त संदर्भित क | जर्यालय - ज्ञापन | की अनुसूची के      |
| कॉलम-3 में उल्लिखित व्यक्तियों/वर्ग | ीं (सम्पन्न वर्ग) से संबंध | धत नहीं हूँ ।''      |                  |                    |
|                                     |                            |                      |                  |                    |
| I,                                  | son/dau                    | ighter of Shri       |                  |                    |
| resident of Village/Town/City       | Dis                        | strict               | State            |                    |
| hereby declare that I belong to t   | he                         | communit             | ty which is rec  | ognised as a       |
| backward class by the Government    | nent of India for the      | purpose of res       | ervation in se   | rvices as per      |
| orders contained in Department      | of Personnel and           | raining Office M     | emorandum N      | o. 36012/22/       |
| 93-Estt. (SCT) dated September      | 08, 1993. It is also       | declared that I      | do not belong    | to persons/        |
| sections (Creamy Layer) mentio      | ned in column 3 o          | f the Schedule to    | the above re     | ferred Office      |
| Memorandum dated September          | 08, 1993.                  |                      |                  |                    |
|                                     |                            |                      |                  |                    |
|                                     |                            |                      |                  |                    |
| हस्ताक्षर/Signature                 |                            |                      |                  |                    |
|                                     |                            |                      |                  |                    |
| नाम/Name :                          |                            |                      |                  |                    |

पता/Address :

#### Form of Certificate to be produced by Other Backward Classes

| This is to certify that Shri / Smt. / Kum    |                                                 |
|----------------------------------------------|-------------------------------------------------|
| Son / Daughter of                            | of Village                                      |
| District / Division                          | in the                                          |
| state belongs to                             | the communit                                    |
|                                              | class under the Government of India             |
| Ministry of Welfare Resolution No. 120       | 68<br>11 / 88-93/BCC (C), dated 10th Sept. 1993 |
| published in the Gazette of India Extra-or-  | dinary Part I Section I dated 13th Sept. 1993   |
| Shri./Smt./Kum.                              | and/ or his family                              |
| ordinarily reside(s) in the                  | Dist./Divn. of the State. This is also to       |
| certify that he/she does not belong          | to the persons/sections (creamy Layer)          |
| mentioned in column 3 of the Scheduled       | to the Government of India, Department of       |
| Personnel & Training O. M. No. 36012/22/93-E | stt. (SCT), dated 8.9.1993.                     |
|                                              |                                                 |
| Dated :                                      | District Magistrate Deputy Commissioner etc.+   |
| Seel                                         |                                                 |

Seal

- (a) District Magistrate/Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner/Deputy Collector/Ist Class Stipendary Magistrate / Sub-Divisional Magistrate/ Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendary Magistrate).
  - (b) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate
  - (c) Revenue Officer not below the rank of Tehsildar; and
  - (d) Sub-Divisional Officer of the area where the candidate and/or his family normally resides.

Note: i) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the people Act, 1950.

iii) Where the certificates are issued by Gazetted Officers of the Union Government or State Government they should be in the same form but <u>Countersigned</u> by the District Magistrate of Deputy Commissioner (Certificates issued by Gazetted Officers and attested by District Magistrate/ Deputy Commissioner are not sufficient).

#### FORM OF SC / ST CASTE CERTIFICATE

Form of Certificate to be produced by a candidate belonging to Scheduled Caste or Scheduled Tribe in support of his/her claim

|    | Son / Daughter+ of                                                                                                                                                                                                                                            |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| V  | illage / Town+ in District / Division+                                                                                                                                                                                                                        |
|    | of the State/Union Territory+                                                                                                                                                                                                                                 |
|    | belongs to the Caste / Tribe+ which                                                                                                                                                                                                                           |
| re | acognised as a Scheduled Caste / Scheduled Tribe+                                                                                                                                                                                                             |
| nd | er:                                                                                                                                                                                                                                                           |
|    | The Constitution (Scheduled Castes) Order, 1950.                                                                                                                                                                                                              |
|    | The Constitution (Scheduled Tribes) Order, 1950.                                                                                                                                                                                                              |
|    | The Constitution (Scheduled Castes) ( Union Territories) Order, 1951.                                                                                                                                                                                         |
|    | The Constitution (Scheduled Tribes) ( Union Territories) Order, 1951.                                                                                                                                                                                         |
|    | 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966<br>the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation<br>Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendmen<br>Act, 1976.) |
|    | The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956.                                                                                                                                                                                              |
|    | The Constitution (Andaman & Nicobar Islands) Scheduled Castes Order, 1959 a amended by Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976.                                                                                                     |
|    | The Constitution (Dadra & Nagar Haveli) Scheduled Castes Order, 1962.                                                                                                                                                                                         |
|    | The Constitution (Dadra & Nagar Haveli) Scheduled Tribes Order, 1962.                                                                                                                                                                                         |
|    | The Constitution (Pondicherry) Scheduled Castes Order, 1964.                                                                                                                                                                                                  |
|    | The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967.                                                                                                                                                                                              |
|    | The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968.                                                                                                                                                                                             |
|    | The Constitution (Goa, Daman & Diu) Scheduled Tribes Order, 1968.                                                                                                                                                                                             |
| -  | The Constitution (Nagaland) Scheduled Tribes Order, 1970.                                                                                                                                                                                                     |
| -  | The Constitution (Sikkim) Scheduled Castes Order, 1978.                                                                                                                                                                                                       |
|    |                                                                                                                                                                                                                                                               |

The Constitution (Sikkim) Scheduled Tribes Order, 1978.

% 2. Applicable in the case of Scheduled Castes / Scheduled Tribes persons who have migrated from one State / Union Territory Administration.

| This certificate is issued on the basis of                 | the Scheduled Caste / Scheduled Tribe |
|------------------------------------------------------------|---------------------------------------|
| Certificate issued to Shri / Shrimati+                     |                                       |
| Father/Mother of Shri/Shrimati/Kumari+                     |                                       |
| of Village / Town+ in District/Divisi                      | ion+of State/Union                    |
| Territory+w                                                | ho belong to the                      |
| Caste/Tribe+ which is recognised as a Sched                | uled Caste/Scheduled Tribe+ in the    |
| State/Union Territory+is                                   | ssued by the                          |
| (name of prescribed authority) vide their No.              | dated                                 |
|                                                            |                                       |
| % 3. Shri/Shrimati/Kumari+                                 | and/or+                               |
| his / her+ family ordinarily reside(s) in village / town+. |                                       |
| of                                                         | District/Division+ of the State/Union |
| Territory+ of                                              | asi, tershared, as a second of        |
| PlaceState                                                 |                                       |
| Union Territory                                            |                                       |
| Date                                                       | (with Seal of Office)                 |

- Please delete the words which are not applicable.
- Please quote specific presidential Order.
- % Delete the paragraph which is not applicable.

Note: The term "Ordinarily reside(s)" used here will have the same meaning as in section 20 of the Representation of the peoples Act, 1950.

- ++ List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificates;
- District Magistrate / Additional District Magistrate Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendary Magistrate / City Magistrate / + Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
  - + (not below the rank of 1st class Stipendary Magistrate.)
- Chief Presidency Magistrate / Additional Chief Presidency Magistrate/Presidency Magistrate.
- 3. Revenue Officers not below the rank of Tahesildar.
- 4. Sub-Divisional Officer of the area where the candidate and/or his family normally resides.
- 5. Administrator / Secretary to Administrator / Development Officer (Lakshadweep Islands).