**Application for the Post of Director,**

**and Senior Adviser of CAFRAL**

**[The form duly filled-in (typed and not handwritten) and CV may be sent by mail to** [**cafralssc2025@rbi.org.in**](mailto:cafralssc2025@rbi.org.in%20) **]**

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| **1. Position Applied for** |  |

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| **2. Full Name** |  |

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| **3. Personal Details** | | | | | | | |
| **Date of Birth**  **(DD/MM/YYYY)** | |  | | | | | |
| **Gender** | |  | | | | | |
| **Father's Name** | |  | | | | | |
| **Mother's Name** | |  | | | | | |
| **Address for Correspondence** | |  | | | | | |
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| **District** |  | **State** |  | **Country** |  | **Pin Code** |  |

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| **4. Contact Details** | | | |
| **Phone No.** |  | **Mobile No** |  |
| **Email Id** |  |  | |

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| **5. Educational Qualifications** | | | |
| **Degree** | **Subject / Stream** | **Name of University / Board / Institute** | **Year of Passing** |
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| **6. Details of Work Experience (Chronologically, starting with Latest Position held. Specify the Leadership positions held, if any) (attach a separate sheet)** | |
| **Total Work Experience (in YY/MM)** |  |

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| **7. Publications (attach a separate sheet)** |
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| **8. Statement of Intent/ Vision for CAFRAL (attach a separate sheet)** |
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| **9. References (Min. 2) (Name, Designation, Attached Institution & Contact details)** | |
| 1. |  |
| 2. |  |
| 3. |  |

**10. Declaration**

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that any information given in this application is false / incorrect or that I do not satisfy the eligibility criteria prescribed in the advertisement, my candidature / appointment is liable to be cancelled / terminated. I have read and understood the stipulations given in the advertisement and hereby undertake to abide by the same. I also hereby declare that no criminal case is pending against me, and I have not been prosecuted by any court of law.

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| **Signature** |  |
| **Place** |  |
| **Date** |  |