

BANK OF MAHARASHTRA

HRM DEPTT, H.O., PUNE 411005 STAFF INVENTORY PROFORMA

Paste your latest photograph here

N.B 1. ALL BOXES WILL BE FILLED IN BY THE CANDIDATE.

- 2. PLEASE WRITE ON LINES AND TICK WHEREVER APPLICABLE. IN SOME CASES STRIKE OUT OPTION WHICH IS NOT APPLICABLE.
- 3. DATES SHOULD BE FILLED IN DD/MM/YY FORMAT.

01	EMF	PLOYEE ID No. :				
02	NAME IN CAPITAL LETTERS :					
-	a.	Surname				
	b.	Name				
	a.	Father's Name				
		Husband's name (in case of married woman)				
03	DAI	E OF BIRTH:	PLACE OF BIRTH			
04	нол	ME STATE :				
05	GENDER: MALE / FEMALE					
06	RELIGION: HINDU/MOHAMMEDAN/CHRISTIAN/PARSI/SIKH/NEO-BUDDHIST/JAIN ETC.					
07	CAS	STE : GENERAL / SC/ST/OBC/	DATE OF CASTE CERTIFICATE-			
00						
80	EX-SERVICEMAN: YES / NO					
09	PHYSICALLY HANDICAPPED: YES / NO If yes, Blind/Deaf & Dumb/Orth Hand/others DISABILITY% AS PER MEDICAL BOARD CERTIFICATE AND DATE					
10	NO. OF DEPENDENTS:					
11	OTHER HANDICAPPED, IF ANY: YES / NO					
12	MARITAL STATUS: (MARRIED/UNMARRIED/WIDOW/DIVORCEE)					
13	SPOUSE WORKING: YES / NO. If Yes,					
13			itution 3. Place of posting of Spouse.			
14	SPORTSMAN IF ANY: YES / NO. If Yes, Name of Sports					
	Level of participation: School/University/District/State/National/International					
	Awards received if any : State / National					

15	REC	RUITED THROUGH:							
	1.	Bank's Selection Process (in case of old employees)							
	2.	Erstwhile services, Nov	w merged in o	ur Bank.					
	3.	On sports Ground / Cultural activities							
	4.	BSRB/IBPS- ROLL NO. Registration No.							
	5 .	Employment Exchang	ge						
	6.	On compassionate ground							
	7.	Through Zilla Sainik Bo	ard						
	8.	On account of deper	ndent of servic	emen killed in a	ction/disturb	ed area			
	9.	Others if any							
16	EXCEPTIONAL ACHIEVEMENTS IF ANY: YES / NO Award from Central / State Government / International Organisations								
17	PER	MANENT ADDRESS:							
								\neg	
								=	
								_	
18	PRE	SENT ADDRESS :							
19	RES	IDENTIAL TELEPHONE NO) :						
20	МО	BILE No. :							
21	E-M	AIL ID. :							
						_		_	
ACCOUNT NO. WITH BANK OF MAHARASHTRA :-							→		
22 EMPLOYEE ID No.									
23	QU	CATIONAL ALIFICATIONS :	DEGREE IN	MAIN SUBJECTS	University /Board	% OF MARKS	CLASS	Speciali sation	
	b)	SSC/SSLC							
	c)	HSC							
	d)	Graduate							
	e)	Post Graduate							
	f)	Others-MBA,CA,CS							
		FTC							

24 LANGUAGES KNOWN: (Please tick under the words of Speak, Read, Write)

	<u>SPEAK READ WRITE</u>	SPEAK	READ	WRITE
a)	Mother Tongue			
b)	English			
c)	Hindi			
d)	Marathi			
e)	Any other			
f)				
,		declare that		
	tion is correct to be best of my knowleds	-		
	all or any particulars /details / above in		•	ihe
	any Institution/ Government / Organisa		es) as may be	
conside	ered necessary / desirable / in case of ne	eed by the Bank.		
Roll No:		Signature	•	
		_	•	
Place :		Name	:	
Date :		Designation	· CLERK	
Dule .		Designation	. CLLKK	
	TO DE ETILEN THI DV THE	CTAFE NEDADTA	ENIT	
	TO BE FILLED IN BY THE	STAFF DEPARTM	ICIN I	
01 DED	SONAL FILE No			
O1 PERS	SONAL FILE No. :			
				
02 BIO	DATA FILE No. :			
ı				
03 SIGI	NATURE CODE No.			
04 NO.	OF STAGNATION INCREMENTS GIVEN: 0/	1 / 2		
05 MO	NTH OF INCREMENT:			
Endorse	ement of the Manager / Departmental He	ead		
	tion stated by the employee is verified fi		our end.	
_	, , , , , , , , , , , , , , , , , , , ,	•		
n.		6 1 1		
Place :		Signature	:	
Date :		Name	:	
			•	
		Designation	:	