

### APPLICATION FOR THE POST OF INTERNAL OMBUDSMAN

## (to be filled in block letters)

| То  |             |                    |               | [                         |                                |
|---|-------------|--------------------|---------------|---------------------------|--------------------------------|
| The Deputy General Manager<br>The South Indian Bank Ltd.<br>Personnel Department<br>Head Office, SIB House<br>T.B Road, Mission Quarters, Thr | issur - 6   | 580001             |               |                           | Passport<br>size<br>photograph |
|   |             |                    |               |                           |                                |
| 1. Name (In capital letters)  | :           |                    |               |                           |                                |
| 2. Date of birth  | :           |                    |               |                           |                                |
| 3. Age as on 31.01.2019   | :           |                    |               |                           |                                |
| 4. Gender   | :           |                    |               |                           |                                |
| 5. Marital status   | :           | Married            | Single        |                           |                                |
| 6. Category (SC/ST/General)   | :           | SC/ST              | General/ Ol   | BC                        |                                |
| 7. Nationality  | :           |                    |               |                           |                                |
| 8. Religion   | :           |                    |               |                           |                                |
| 9. Father's/Spouse's name   | :           |                    |               |                           |                                |
| 10. Person With Disability (PWD   | <b>)</b> ): | Yes                | No            |                           |                                |
| If Yes  | :           | Type of Disability | HI/OC/VC/ID ( | $\checkmark$ ) % of Disal | bility                         |
| 11. Place of domicile   | :           |                    |               |                           |                                |
| 12. Address for communication   | :           |                    |               |                           |                                |
| (In capital letters)  |             |                    |               |                           |                                |
|   |             |                    |               | PIN:                      |                                |
| 13. Permanent Address   | •           |                    |               |                           |                                |
| (In capital letters)  |             |                    |               |                           |                                |
|   |             |                    |               | PIN:                      |                                |
| 14. Mother Tongue   | :           |                    |               |                           |                                |
| 15. Languages Known   | :           |                    |               |                           |                                |
|   |             | Language           | Speak (🗸)     | Read (✓)                  | Write (🗸)                      |
|   |             |                    |               |                           |                                |
|   |             |                    |               |                           |                                |
|   |             | <u> </u>           |               |                           |                                |
| 16. Phone No. with STD code   | :           | E-                 | mail ID       | :                         |                                |

Mobile No.

:

Alternate Mobile No. (if any) :

17. Educational Qualification (self attested Xerox copies of mark sheets & Certificates to be enclosed)

| Examination passed               | Name of University/Institution | Month & Year<br>of passing | Percentage of<br>Marks (%) |
|----------------------------------|--------------------------------|----------------------------|----------------------------|
| X/ SSLC                          |                                |                            |                            |
| XII/ HSC                         |                                |                            |                            |
| Graduation                       |                                |                            |                            |
| Post Graduation (if any)         |                                |                            |                            |
| Other Qualifications<br>(if any) |                                |                            |                            |

18. Work Experience (Start from latest. Proof of experience to be enclosed)

| Employer Designation | Grade/      | Duration of Service |      |    | Descen for Leaving          |                    |
|----------------------|-------------|---------------------|------|----|-----------------------------|--------------------|
|                      | Designation | Scale               | From | То | Total Service<br>(in years) | Reason for Leaving |
|                      |             |                     |      |    |                             |                    |
|                      |             |                     |      |    |                             |                    |
|                      |             |                     |      |    |                             |                    |
|                      |             |                     |      |    |                             |                    |
|                      |             |                     |      |    |                             |                    |
|                      |             |                     |      |    |                             |                    |
|                      |             |                     |      |    |                             |                    |
|                      |             |                     |      |    |                             |                    |

\* Details of Work Experience in one or more organisations to be separately mentioned in the format attached as Annexure I.

:

| 19. Major illness as on date (if any) | : |
|---------------------------------------|---|
|                                       |   |

20. Details of proceedings (legal and internal) initiated or known, by or against the applicant (if any)

#### **Declaration:**

I \_\_\_\_\_\_\_hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my candidature/appointment is liable to be cancelled/ terminated.

Place:

Date:

Signature of the Applicant

## ANNEXURE I

# **<u>RECRUITMENT OF INTERNAL OMBUDSMAN</u> Details of Work Experience- To be filled in by the candidate**

#### Name

:

| Name of the Bank/ Financial Sector/<br>Regulatory Board.                      |  |
|---|--|
| Date of Joining   |  |
| Designation at the time of joining with Scale/ Grade                          |  |
| Designation at the time of Leaving with Scale/ Grade                          |  |
| Details of branches/departments/offices previously worked                     |  |
| Years of experience in the organisation                                       |  |
| Disciplinary actions (if any)   |  |
| Last drawn Basic Pay & Gross salary<br>(excluding arrears/ incentives)        |  |
| Name, Designation, Official Address,<br>email id and contact number of the HR |  |
| Job Description/ Nature o   | f Work carried out in the above organisation |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

# \*If you are having work experience in more than one organisation, give details of the same separately in similar format.

I \_\_\_\_\_\_\_ hereby declare that all statements made above are true, complete and correct to the best of my knowledge and belief. I understand that in event of any information being found false or incorrect even at a future date, my candidature /appointment is liable to be cancelled/ terminated.