

(A Multi state Co-operative Society Under MSCS by Government. Of India) 589/89, Elavumkudiyil Building, Opposite Electricity Board, Pothanicad, Ernakulam, Kerala, PIN - 686671 | info@keralamalabarbank.com | Tel : (+91) 98455 00000

Here

Affix

Your photo

PERSONAL DATA FORM

PERSONAL DETAILS

PERSONALL	:TAIL3	
Name		
Father's name		
Mother's name		
Mailing address		
Post office		
District		
State		
Land mark		
Pin code	Land phone	
Pin code E-mail id	Land phone	
	Land phone	
E-mail id	Land phone	
E-mail id Mobile	Land phone	
E-mail id Mobile	Land phone	
E-mail id Mobile Permanent address	Land phone	
E-mail id Mobile Permanent address	Land phone	
E-mail id Mobile Permanent address Post office	Land phone	
E-mail id Mobile Permanent address Post office District	Land phone	

						* To b	* To be filled by candidates from other states			
Date of birth									Age	
Gender	Male		Fe	male		Nat	tionalit	у		
Height		Wei	ght			Blo	od grou	иþ		
			SI no	Langu	iages knov	wn Can	read	Can wri	te Can	speak
						'				
Marital status Si	ngle		Marrie	d	Wi	dowed		Divorce	!	
If married, Spouse's Nan	ne 🔙									
Occupation										
Number of children			Son			Dau	ughter			
Mention living status an	d approx	imate val	ue of th	e prope	erty:					
Own house	Renta	l house		Othe	er		Specif	y owners	ship	
Rs.	Rs.			Rs.						
Details of family member	rs									
	Family Father	members		Age	Occupat	tion			Income	
	mothe									_
		rs/sisters	+							
In case of emergency, pe	rson to I	be contact	ted with	Ph No	/ Mobile	No				
Name :		Phone No	o:			Relation	:			
Is any of your relative we fill particulars	orking in	The Kera	la Mala	bar Baı	nk Co-ope	erative So	ciety?	If yes,		
]					

Nar	ne					Design	ation						
Dep	artment												
Hav	e you ever l	oeen em	ployed by this co	ompany?	Yes	No							
Are	you willing	to work	any where in Inc	dia?	Yes	No							
Mar	k your ID N	ame:											
Vote	er's ID Card		Passport		Driving li	cence		Rati	on card				
Wri	te here ID N	umber		1				1					
Vote	er's ID No.												
	sport No.												
Driv	ing licence I	No.											
	card No.												
Edu	cational qua	alificatio	on (from SSLC/10	TH Standar	d onward	s)							
SI No	Examination passed	Main subjects	Board/university	Institution where the course was attended	Year of passing	Whether passed In first attempt		passed		Max. marks		%of mark	Class obtained
1						yes	no						
•													
2													
3													
4													
5													
							1			1			

Technical / professional qualification

oth	others							
Wł	ethe	er course certificat	te produced:					
Ext	racu	rricular activities						
De	tails	of previous exper	ience					
	SI. no	Name of the organization	designation	period	Nature of duties	Salary draw	Reason for leaving	Contact person With ph .number
		nievement in life						
Awards /scholarship/certificate of merits received) Whether using own conveyance, if so, particulars Yes No								
		Two wheeler		Three wh	neeler	Fo	ur wheeler	
If reference, name of the Director/employee								
De	Designation Department							

. Name						
Position]
Mobile]
Mailing addre	ss					
Post office					pin	
District				state		
. Name						
Position						
Mobile						
Mailing addre	ss					
Post office					pin	
District				state		
	ve is true and			eby declare the		
Name:		signa	ture:	 date:		

Signature								
Name								
Designation								
	Interviewer 1	Interviewer 2	Interviewer 3					
Decision select	t hold	re	eject					
Mark list & certificate:								
Course	Year wise/semester wise mark list	Original/provisional certificate	Copies/attested					
SSLC								
PDC/HSC/VHSC/+2								
Graduation/ diploma								
Post graduation/diploma								
Head office use only								
Recommended/ not reco	mmended for the post	of	at					
Branch /department. Sal	ary offered							
Sanctioned by : Signature:								