

Application Form of Microfinance-Consultant

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Name of District Applying for: _____

(For district level post only)

1. Name of Applicant : _____

2. Father's Name : _____

3. Date of Birth : DD/MM/YY (should be born on or after 30/08/1954)

4. Age as on 13/02/2019 : _____ Years _____ Months _____ Days

5. Highest Qualification : _____

6. Permanent Address : _____

7. Address for Communication : _____

8. Telephone No : _____ Mob No: _____

9. Email Address : _____

10. Month & Year of Retirement from Bank : _____

11. Name of the Bank from where Retired :- _____

12. Joined the Bank as (post) :- _____

13. Total Service in the Bank :- _____ Years _____ Month

14. Retired in the official Grade a) Scale III b) Scale IV & Above.
(Please Tick)

15. Nature of Retirement :- a) Exit Policy b) Superannuation c) V.R.S (Please Tick)

16. Worked as :-

- (a) OJM I :- _____ Years
- (b) MM II :- _____ Years
- (c) MM III :- _____ Years
- (d) SM Scale IV :- _____ Years
- (e) Scale V/ an Above :- _____ Years

15. Assignment held during the service period.

Sl No.	Name of the Post Held	No. of Years.	Job Responsibility

16. Experience in SHG/JLG Financing as Branch Manager

Sl No.	Place of Posting	Period of Posting	No. of Years.	Achievements

17. Experience in Handling Financial Inclusion at Zonal/Regional/LHO Level

Sl No.	Designation	Place of Posting	Period of Posting	No. of Years.	Achievements

18. Worked in Capacity of LDM/AGM-NABARD/LDO of RBI

Sl No.	Designation	Place of Posting	Period of Posting	No. of Years.	Achievements

19. Trainings attended on Agriculture, Rural Development, SHG Bank Linkage:-

20. Proficiency in Computers:

Working knowledge in Internet and MS office:

21. Please give 2 preference districts for posting

First Preference :- _____
 Second Preference :- _____

22. Give details of 2 Reference of Supervisors under whom you have worked in Bank

1. Name:

Designation:
 Contact Number:

2. Name:

Designation:
 Contact Number:

N.B:- Attach Additional Sheet if Required

*** Those who have applied in last three months need not to apply**

I hereby declare that the information furnished above are true to the best of my knowledge

Date :-

Place :-

Signature of Applicant