



इंडिया पोस्ट
पेमेन्ट्स बैंक

IndiaPost
PaymentsBank

APPLICATION FORM

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ADVT. NO.: IPPB/HR/CO/RECT./2022-23/04

APPLICATION FOR THE POST OF: _____

SUB FUNCTION:

- CBS technical support (Finacle, Alert) and Insurance Systems support)
- SLA Management, Vendor Management ,Billing & Payments
- Infrastructure Support
- IT asset management/patching/compliance
- DC Operations

ALL ENTRIES TO BE MADE IN CAPITAL BLOCK LETTERS

S.N	Particulars	Surname	First Name	Middle Name
1.	Name in full (in block letters)			
2.	Date of Birth (DD/MM/YYYY)			
	Age as on Cut Off date			
3	Emp.Id at Department of Post (DoP)			
4	Current Pay Level			
5	Current Basic Pay			
5	Years of experience in Current Pay Level			
6	Current Place Of Posting			
7	Current Department			
8.	Present Correspondence Address with Pin Code (to which communications are to be addressed)			
	Mobile No.			
	Email ID			

9.	Permanent home address	
10.	State to which you belong:	
11.	Marital status (bachelor / spinster / married / widow / widower / divorcee).	
12.	State your nationality and religion.	
13.	Father's / Husband's name	
14.	Languages Known:	
15.	Whether any Vigilance case/Enquiry is pending against you? If Yes, Please specify.	
16.	State the hereditary/chronic diseases / physical handicap, if any.	
17.	Educational qualification & professional training, if any, please give details of your educational qualification & professional training in Annexure I.	
18.	Work Experience: (Please give details of your experience in the proforma attached as Annexure II)	
19.	Permanent Account Number (PAN):	
20.	AADHAAR No.:	

I hereby declare that the above particulars furnished by me are true to the best of my knowledge and belief.

Date

Signature of the applicant

**STATEMENT INDICATING THE DETAILS OF EDUCATIONAL QUALIFICATION AND
PROFESSIONAL TRAINING OF THE APPLICANT**

A-EDUCATIONAL QUALIFICATION

Period		Name & address of the School/College attended	Examination Passed	University/ Board	Subjects taken	Division	%age of marks	Remarks
From	To							

B- PROFESSIONAL TRAINING

Period		Name & Address of the Institution	Course contents	Examination Passed	Sponsored by	Division	% age of marks	Remarks
From	To							

(Signature of the Candidate)

STATEMENT INDICATING THE DETAILS OF EXPERIENCE IN RESPECT OF THE APPLICANT

Name & Address of the employer	Post Held	Period			Salary Details	Duties performed/ Performing (In Brief)
		From (DD/MM/YYYY)	To (DD/MM/YYYY)	Total	Pay Level	

I hereby certify that the contents/ information supplied above are true.

(Signature of the Candidate)