

Bihar State Minorities Financial Corporation Ltd.

(A Govt. of Bihar Undertaking)

Application Form

1. Advertisement No. : _____
2. Name of the post applied for : _____
3. Name of the applicant : _____
4. Father's/Husband's Name : _____
5. Date of Birth : Date _____ Month _____ Year _____
6. Gender : _____
7. Category : UR/UR(F)/BC-I/BC-II/SC / SC / ST: _____
8. Nationality : _____
9. Marital Status : _____
10. Contact No (withcode) : _____
Mob : _____
11. E-mail Id : _____
12. Address:(With PIN Code)

Self-signed Photo

a. Permanent:

b. Correspondence:

13. Highest Educational Qualification: (Attach self-attested copy)

Sl. No.	Examination Passed	Name of University/Board	% of Marks obtained	Year of passing	Remarks
1.					
2.					
3.					
4.					
5.					

14. Details of Experience: (Attach self-attested photocopy)

Sl. No.	Name and address of Institution/Organization	Post held / job responsibility	Period		Field of experience	Experience in Months
			From	To		
1.						
2.						

15. Special qualification / experience, if any, regarding post applied for: *

15. Professional Membership (if any) -

16. Last Salary drawn-

17. Language known - Read Write Speak

English -

Hindi-

18. Whether involved in any criminal case/ law suit at any time? If yes, please give current status with undertaking.

19. Please give your views about the following two statements

i) I want to join Bihar State Minorities Financial Corporation Limited because:

ii) How would I be useful for the benefit of Bihar State Minorities Financial Corporation Ltd's growth:

Have you been interviewed for any post in Bihar State Minorities Financial Corporation Limited earlier?
Yes/ No

If yes, provide the details

Post

Date of Interview

Result

C. List of Attached Documents: -

- (a).....
- (b).....
- (c).....
- (d).....
- (e).....
- (f).....

DECLARATION

I hereby declare that statements made by me in this form are true and complete. If I am appointed and the Bihar State Minorities Financial Corporation Limited finds at any time that any part of the information given by me is incorrect or false or that I have concealed any relevant information, I agree that my appointment shall be liable to summary termination without any notice or compensation and I am liable to refund the expenses incurred by the Corporation on my training etc.



Place:

Date:.....

Signature of the Applicant

*Separate sheet can be used, if required.