



**The Manipur Women's Co-operative Bank Ltd.**  
Paona Bazar, Imphal

**APPLICATION FORM FOR RECRUITMENT**

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Post applied for: **General Manager/ CEO**

**1. Personal Details (in BLOCK LETTERS):**

a. Full Name	Mr/Mrs/ Ms _____ _____
b. Father's Name/ Husband's Name	
c. Date of Birth	___/___/___
d. Age as on	___ Years ___ Months
e. Sex	
f. Nationality	
g. Religion	
h. Category	General/ST/SC/OBC:

**2. Address for Correspondence / Permanent Address:**

Address	_____ _____
	P.O. _____ P.S. _____ PIN _____
Mobile Number	_____ Alt No. _____
E-mail	1. _____

**3. Educational Qualification** (Beginning from class-X onwards. Attach photocopies of all certificates and marks):

Examination Degree/ Diploma	Board/ University/ Institution	Subjects (Mains)	Year of passing	% of marks, Class/ Grade/Distinction

**4.** CAIIB/ Diploma in Banking and finance/ : Year of passing \_\_\_\_\_  
Diplomain Co-operative Business Management (if any) (Photocopy to be attach)

**5. Experience:** (Details of present and past employment with photocopies):

Name of the organisation/ Bank/Branch	Designation/ Scale	Period of service		Nature of Job (if required specified)
		From	To	

6. Middle Management level since \_\_\_\_\_ as \_\_\_\_\_

7. Retired at Middle/Senior Management level as \_\_\_\_\_ on \_\_\_\_\_

8. If employed in Govt. Dept./PSU/Bank, whether applied through proper channel : Yes / No \_\_\_\_\_

9. DD No. \_\_\_\_\_ of Rs.1000/- Date. \_\_\_\_\_ Name of Issuing Bank \_\_\_\_\_

Branch Code No. \_\_\_\_\_ or Cash deposited at Bank on \_\_\_\_\_ (date)

**Declaration :** I hereby declare that all statements made in the 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 untrue / false / incorrect or I do not satisfy the eligibility criteria, my candidature / appointment will be cancelled / terminated, without assigning any reasons thereof. I have read the contents of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Date :

Place :

(Signature of Applicant)

**Note:**

1. If the sheets above are not sufficient please attach extra sheets, wherever necessary.
2. Mentioned the list of documents attached along with the form.