## THE NAINITAL BANK LIMITED

(Regd. Office: G.B. Pant Road, Nainital)

## Application form for the post of Chartered Accountant in Officers' Grade/Scale- II

| To,<br>The Chief Opera<br>The Nainital Bar<br>Head Office<br>Seven Oaks, Ma<br>Nainital- 263 00 | nk Limite<br>allital, |       |       |      |     |               |      |            |      |        |      |           |                   |      |      |     | YC<br>PA<br>PH |     | POR<br>DGF | T<br>RAPH<br>OSS | Į  | CENT<br>SIZE<br>ANI |      |
|---|-----------------------|-------|-------|------|-----|---------------|------|------------|------|--------|------|-----------|-------------------|------|------|-----|----------------|-----|------------|------------------|--|---------------------|------|
| Dear Sir,   |                       |       |       |      |     |               |      |            |      |        |      |           |                   |      |      |     |                |     |            |                  |  |                     |      |
| In response to y Accountant in  |                       |       |       |      |     |               | sub  | mit        | my   | can    | dic  | datui     | re a <sub>l</sub> | opli | cati | on  | for t          | the | ро         | st o             | f C  | hart                | ered |
| 1. <b>FULL NAME</b> (Leave one Bo   | _                     | _     |       | _    |     | ts of         | yoı  | ır na      | ame  | e)-Mı  | r./N | vis./i    | Mrs.              |      |      |     |                |     |            |                  |  |                     |      |
|   |                       |       |       |      |     |               |      |            |      |        |      |           |                   |      |      |     |                |     |            |                  |  |                     |      |
|   |                       |       |       |      |     |               |      |            |      |        |      |           |                   |      |      |     |                |     |            |                  |  |                     |      |
| 2. FATHER'S N   | AME:                  |       |       |      |     |               |      |            |      |        |      |           |                   |      |      |     |                |     |            |                  |  |                     |      |
| Z. I ATTIEK 3 N   |                       |       |       |      |     |               |      |            |      |        |      |           |                   |      |      |     |                |     |            | T                |  |                     |      |
|   | 1 1                   |       |       |      |     |               |      |            |      |        |      |           |                   | l l  | Į    |     |                |     |            |                  | <u>.                                    </u> |                     |      |
| 3. DATE OF BII  | RTH: DD               | ) [   |       | ПМ   | M   |               |      |            | Υ    | Υ      | Т    |           |                   |      |      |     |                |     |            |                  |  |                     |      |
| /D (  | 244                   |       |       | J .  |     | لــــا        |      | \<br>\/ (1 |      |        |      |           |                   |      |      |     |                |     |            |                  |  |                     |      |
| (Proof to be sub  | mitted a              | iong  | with  | appı | ıca | tion          | .e.  | Xtn        | cer  | tifica | ite, | )         |                   |      |      |     |                |     |            |                  |  |                     |      |
| Age as on 30.0  | <b>6.2024</b> :       |       |       |      |     |               |      |            |      |        |      |           |                   |      |      |     |                |     |            |                  |  |                     |      |
|   |                       | 4     | l     |      |     |               |      | D          |      |        |      |           |                   |      |      |     |                |     |            |                  |  |                     |      |
| Years   | ľ                     | viont | :ns   |      |     |               |      | Day        | /S   |        |      |           | -                 |      |      |     |                |     |            |                  |  |                     |      |
| 4. <b>ADDRESS F</b> IN CAPITAL LE   |                       | RRES  | SPON  | IDEI | NC  | <b>E</b> : (L | eav  | e oı       | ne b | ox b   | ola  | nk b      | etw               | een  | tw   | o p | arts           | of  | yo         | ur a             | ddr  | ess)                |      |
|   | TIT                   |       |       |      |     |               |      |            | 1    |        |      |           |                   |      |      |     |                |     |            | T                | Г  |                     |      |
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|   |                       |       |       |      |     |               |      |            |      |        |      |           |                   |      |      |     |                |     |            |                  |  |                     |      |
| STATE   |                       |       |       |      |     |               |      |            |      |        |      |           | PI                | NC   | OD   | E   |                |     |            |                  |  |                     |      |
| 5. <b>CONTACT IN</b>  | IFORM <i>A</i>        | ATIO  | N:    |      |     |               |      |            |      |        |      |           |                   |      |      |     |                |     |            |                  |  |                     |      |
| STD CODE  | TELEP                 | 10H   | NE NO | Э.   | N   | 10BI          | LE I | VO.        |      |        |      | EMAIL ID* |                   |      |      |     |                |     |            |                  |  |                     |      |
|   |                       |       |       |      |     |               |      |            |      |        |      |           |                   |      |      |     |                |     |            |                  |  |                     |      |
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<sup>\*</sup>legible valid e-mail ID is compulsory.

|                            |                           |            |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     |     |      |       |      | $\top$ |
|----------------------------|---------------------------|------------|-----------|-------|------------|-------------|----------|-----|------|---------------------------------|------|-------|------|---------|------|------|------|------|---------|-------|---------------|---------------------------------|-------|-----|-----|------|-------|------|--------|
| 9                          | TAT                       | F          |           |       |            |             | $\dashv$ |     |      |                                 |      |       |      |         |      |      |      |      |         | DI    | NCC           | וטכ                             | =     |     |     |      |       |      | +      |
| J                          | HAI                       | _          |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         | Г     | INCC          | וטכ                             | _     |     |     |      |       |      |        |
|                            | <b>tails</b><br>se en     |            |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 | n]    |     |     |      |       |      |        |
| Examination Passed Name of |                           |            |           | В     | Board/     |             |          |     | ,    | Suk                             | ojeo | cts   |      | Y       | ear  | of   | M    | lark | S       |       | Ç             | %of                             |       |     |     |      |       |      |        |
|                            |                           |            |           |       |            | University/ |          |     |      | y/Institute                     |      |       |      | studied |      |      |      | Р    | Passing |       | Obtain Out of |                                 |       |     |     | Mark | S     |      |        |
|                            | Sch                       |            |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     |     |      |       |      |        |
|                            | medi                      |            |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     |     |      |       |      |        |
| Graduation (if any)        |                           |            |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     |     |      |       |      |        |
| Post                       | -Gra                      | dua        | ation     | ı (if |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     |     |      |       |      |        |
| any)                       |                           |            |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     |     |      |       |      |        |
| Profe                      |                           |            |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     |     |      |       |      |        |
| Qual                       |                           | -          | -         |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     |     |      |       |      |        |
| (AC                        | 4/FC                      | <b>A</b> ) |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     |     |      |       |      |        |
|                            | detai<br>ne o             | ls/ a      | atta<br>e | ch d  | doc<br>esi | gna         | atior    |     | ·    | Dur                             | atic | n o   | f    | Key     | / Po | ortf | olio | s/   |         |       | easo          | ons                             | for   |     | Anı |      |       |      |        |
| nati                       | Organization/ in service) |            |           | ,     |            |             |          |     | -    | Responsibilities lea<br>handled |      |       |      |         |      | avin | Sala |      |         |       |               | ome/<br>ary (if in<br>oloyment) |       |     |     |      |       |      |        |
| pro                        | fessi                     | on         |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     | em  | plo  | yme   | ent) |        |
|                            |                           |            |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     |     |      |       |      |        |
|                            |                           |            |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       | +   |     |      |       |      | _      |
|                            |                           |            |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     |     |      |       |      |        |
|                            |                           |            |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     |     |      |       |      |        |
|                            |                           |            |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       | -   |     |      |       |      |        |
|                            |                           |            |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     |     |      |       |      |        |
|                            |                           |            |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     |     |      |       |      |        |
|                            |                           |            |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     |     |      |       |      |        |
|                            |                           |            |           |       |            |             |          |     |      |                                 |      |       |      |         |      |      |      |      |         |       |               |                                 |       |     |     |      |       |      |        |
| . Giv                      | /e na                     | ıme        | es o      | f tv  | VO I       | refe        |          | nce | es v | vith                            | the  | ir ac | ldre | ess,    | tele | pho  | one  | nu   | mbe     | ers a | and e         | ema                             | ail a | ddr | ess | S.   |       |      |        |
|                            | /e na                     |            |           | f tv  |            |             |          |     |      |                                 |      | ir ac |      | ess,    |      |      |      |      |         | ers a |               |                                 |       |     |     |      | · & e | -    |        |
|                            |                           | f th       |           | f tv  |            | De          |          | nat | ior  | ո &                             | Na   | me    |      |         |      |      |      |      |         | ers a | M             |                                 | ile   |     |     |      | · & e |      |        |
| Nar                        | ne o                      | f th       |           | f tw  |            | De          | sig      | nat | ior  | ո &                             | Na   | me    |      |         |      |      |      |      |         | ers a | M             | lob                             | ile   |     |     |      | · & e | -    |        |
| Nar                        | ne o                      | f th       |           | f tw  |            | De          | sig      | nat | ior  | ո &                             | Na   | me    |      |         |      |      |      |      |         | ers a | M             | lob                             | ile   |     |     |      | · & e | -    |        |
| Nar                        | ne o                      | f th       |           | f tw  |            | De          | sig      | nat | ior  | ո &                             | Na   | me    |      |         |      |      |      |      |         | ers a | M             | lob                             | ile   |     |     |      | · & e | -    |        |
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6. **PERMANENT ADDRESS** (Leave one box blank between two parts of your address)

10. Details of application Fee- Demand Draft payable at Nainital

| Name of issuing<br>Bank/ Branch | Drawee Bank/<br>Branch | Demand Draft No. | Date of Issue | Amount<br>(Rs.) |
|---------------------------------|------------------------|------------------|---------------|-----------------|
|                                 |                        |                  |               | 1,500.00        |

| 11. ANY OTHER ADDITIONAL INFORMATION: |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|--|--|--|--|--|
|                                       |  |  |  |  |  |  |  |  |  |  |
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## DECLARATION

I hereby certify that the information furnished heretofore are correct to the best of my knowledge and belief. Nothing material has been concealed nor any thing contained heretofore is false in any manner. I am aware, that in case, any of the information is found false subsequently, I shall be liable to be terminated / dismissed immediately from Bank's service without any service benefit and without notice or reason therefor, subject to other consequential legal actions.

I also understand that if I do not fulfill the eligibility criteria as stipulated in the advertisement, Bank shall be at liberty to reject my application, without any written communication in this regard.

I have read and understood terms & conditions in the advertisement given by the Bank.

| Place: |                        |
|--------|------------------------|
| Date:  | SIGNATURE OF APPLICANT |

## **Important:**

\*Please ensure to fill your valid e-mail ID at Point No. 5 which is compulsory, failing which application shall be rejected straightway.

Incomplete application in any manner that is to say- application not filled properly, without Photograph, Signature, Proofs of Date of Birth and Educational Qualification/ Professional Qualification, Experience, without valid e-mail ID, Phone/ mobile number, etc., and received after expiry of stipulated date shall be rejected at the sole responsibility of the candidate.