



BIO-DATA FORMAT FOR APPRENTICE

Please go through the instructions provided overleaf and follow them meticulously.

Candidate should fill up the details in his / her own handwriting.

Paste
Passport size
photo

For Office Use Only

Not to be filled by the Candidate

NATS Registration No	
IBPS Registration No	
Branch / Dept. / Office Posted:	
CBS Code:	
IBGA Code:	
Date of Commencement of training in the Posted branch / Dept. / Office	

Forwarded: First Copy to CO/HRM, Chennai

Second Copy to Zonal Office, _____

Date: _____

Signature of Verifying Officer

Name:

SR No:

Designation:

Branch / Office:



Instructions for filling up BIO-DATA format

(1) Name (in capital letters) and particulars of Date of Birth etc. should be as per SSC / SSLC Certificate.

(2) Wherever date is to be entered, it should be in the format: dd.mm.yyyy

(3) Eg. The Date Oct 03, 1989 should be written as

0	3
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1	0
---	---

1	9	8	9
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(4) Tick (✓) the appropriate option wherever O is provided.

(5) All certificates wherever required should be in the prescribed proforma and issued only by the Competent Authority.

(6) Abbreviations used in the BIO-DATA:

SC – Scheduled Caste

ST – Scheduled Tribe

OBC – Other Backward Class

Gen - General

(7) If certificate(s) other than original is/are enclosed, it/they should be self attested by Self as well as by a Gazetted Officer.

a) Candidates belonging to SC/ST/OBC etc. must submit the respective Caste Certificate issued by the Competent Authority in the format prescribed by Govt. of India showing the Caste as notified by Government of India, failing which the claim of the candidate for the respective category may not be tenable.

b) Candidate belonging to OBC category should submit the latest OBC certificate issued by the Competent Authority not earlier than one year from the date of closure of application in the format prescribed by Govt. of India specifically mentioning the Creamy layer clause.

c) In the event of conversion or re-conversion to the Hindu or Sikh religion, adequate evidence, including a copy of the relevant Gazette Notification and also other documentary evidence should be furnished.

(8) Page 10 may be used (i) to give complete details wherever space is not adequate and (ii) to furnish any other additional information

Check List of Documents / Certificates to be submitted

1. Belong to SC/ST/OBC : 1) Caste Certificate 2) Declaration form (OBC)
2. Ex-serviceman : 1) Discharge Certificate 2) Clear readable copy of PPO
3. Recruited under Sports Quota : Certificate / Form – I/II/III/IV.
4. Person with Disability : Certificate issued by Medical Board
5. Address Proof : Attested copies of 1. Passport copy 2. Voter ID
3. Ration Card 4. Driving License
6. Educational Qualification Certificate : Copies of all certificates
7. Candidates employed elsewhere before commencement of training under Apprenticeship act at Indian Bank should submit a copy of relieving certificate in original from the last employer.
8. Date of Birth-Proof (Secondary School Certificate / Birth Certificate)
9. All other documents which are mentioned in the Intimation letter

Name: _____

Full Signature: _____



CATEGORY DETAILS

Category (SC/ST/OBC/Gen)	Caste Name	Caste Certificate Issued by	Date of issue
Note: Refer Point no : 7 (a, b and c) of Instructions			

Ex-serviceman ☐ Yes ☐ No

If yes, Army / Air-force / Navy	Date of Joining Defence Service	Date & type of Discharge	Rank / Position at the time of discharge
Presently Drawing Defence Pension ☐ Yes ☐ No	If yes, Pension Disbursing Authority	PPO Number (enclose copy)	Basic
	Commuted Basic, if commutation availed	Pension paying Bank & Branch	Family Pension – Nominee

Details of Relatives working in Indian Bank

SI No	SR Number	Name	Designation	Present Branch	Relationship
1					
2					
3					

Extra-Curricular Activities

Nature of activity	
Achievements, if any	
Awards / Certificates, if any	

Honorary Post Held Outside:

Nature of the Post		Nature of the Organisation	
PERIOD FROM:		PERIOD TO:	

Blood Donor: ☐ Yes ☐ No

Blood Group with RH factor

Name: _____

Full Signature: _____



Person with Disability: ☐ Yes ☐ No

If Yes, tick appropriate item	☐ Visually Impaired	☐ Hearing Impaired	☐ Orthopaedically Handicapped	☐ ID & others
Brief Description of disability			% of Disability	
Certified by Medical Board	☐ Yes	☐ No	Cert. Date	
Ref No		Name of the Medical Board		
Enclose attested copy of Medical Certificate issued by Medical Board as per "The persons with Disabilities (Equal Opportunities, Protection of Rights & full Participation) Act, 1995" and amendments thereto				

ADDRESS DETAILS

	Permanent Address	Present Address
Residential Address with State & PIN Code		
	PIN:	PIN:
Attested copies of any one of the following should be enclosed as Proof of address(es) mentioned above. ☐ Passport Copy ☐ Voter ID ☐ Ration Card ☐ Driving License ☐ Aadhar Card ☐ Postal Identity Card		
Phone Number with STD code	(related to Permanent Address)	(related to Present Address)
In case of Emergency	Contact Person: Address: Relationship: Phone: Mobile:	

DETAILS OF FAMILY MEMBERS

Members	Total	Out of which, dependant
1. Brothers		
2. Sisters		
3. Sons		
4. Daughters		
5. Others (give details) -----		

Name: _____

Full Signature: _____



Parents Details	Father	Mother
Name		
Date of Birth & Age		
Occupation		
Details of the Employer		
Monthly Income / Pension	Rs.	Rs.
Family Member	Spouse Details	Child-1 (dependant)
Gender (Male / Female)	☐ Male ☐ Female	☐ Male ☐ Female
Name (in Capital Letters)		
Date of Birth (dd.mm.yyyy)		
Birth Place & State		
Nationality		Not Applicable
Qualification(s)		
Occupation		
If PWD, nature of challenge		
Nature of Job	☐ Temporary ☐ Permanent	
Employer's Name	(Govt/ Public Sector / Others)	Not Applicable
SR Number : (if working in Indian Bank)		Not Applicable
Post / Designation / Nature of Business		Not Applicable
Present Place of posting / business		Not Applicable
Whether the job is Transferable	☐ Yes ☐ No	Not Applicable
Family Member	Child-2 (dependant only)	Child-3 (dependant only)
Gender (Male / Female)	☐ Male ☐ Female	☐ Male ☐ Female
Name (in Capital Letters)		
Date of Birth (dd.mm.yyyy)		
Birth Place & State		
Qualification		
Occupation		
If PWD, furnish nature of challenge		

Name: _____

Full Signature: _____



EDUCATIONAL QUALIFICATION

(If Grade Point Average or Cumulative Grade Point Average has been awarded, please give details / formula for conversion)

Particulars	SSLC/SSC/X	Intermediate/High.Sec/XII	Graduation
Name of Course: Starting from SSC			
Name of the Institute / College / School			
Percentage of Marks			
Main Subject			
Name of University / Board			
No of Attempts			
Date of Passing			
Full / Part time OR Correspondence Course	☐ Full Time ☐ Part Time ☐ Correspondence	☐ Full Time ☐ Part Time ☐ Correspondence	☐ Full Time ☐ Part Time ☐ Correspondence
Attested copies should be enclosed	☐ Final Certificate ☐ Provisional Certificate	☐ Final Certificate ☐ Provisional Certificate	☐ Final Certificate ☐ Provisional Certificate

Particulars	Post Graduation	Doctorate	Any Other
Name of Course: Starting from SSC			
Name of the Institute / College / School			
Percentage of Marks			
Main Subject			
Name of University / Board			
No of Attempts			
Date of Passing			
Full / Part time OR Correspondence Course	☐ Full Time ☐ Part Time ☐ Correspondence	☐ Full Time ☐ Part Time ☐ Correspondence	☐ Full Time ☐ Part Time ☐ Correspondence
Attested copies should be enclosed	☐ Final Certificate ☐ Provisional Certificate	☐ Final Certificate ☐ Provisional Certificate	☐ Final Certificate ☐ Provisional Certificate

Name: _____

Full Signature: _____



Other Qualifications (Certificate / Short Term Diploma / PG Diploma / Computer related Course) – Attested Copies of Certificate(s) should be enclosed.		
	Course - 1	Course - 2
Name of Course		
Name of the Institute		
No. of Attempts		
Date of Passing		
Full / Part time OR Correspondence Course	☐ Full Time ☐ Part Time ☐ Correspondence	☐ Full Time ☐ Part Time ☐ Correspondence
Attested copies should be enclosed	☐ Final Certificate ☐ Provisional Certificate	☐ Final Certificate ☐ Provisional Certificate

	Course - 3	Course - 4
Name of Course		
Name of the Institute		
No. of Attempts		
Date of Passing		
Full / Part time OR Correspondence Course	☐ Full Time ☐ Part Time ☐ Correspondence	☐ Full Time ☐ Part Time ☐ Correspondence
Attested copies should be enclosed	☐ Final Certificate ☐ Provisional Certificate	☐ Final Certificate ☐ Provisional Certificate

In case of any Educational / Professional qualification being pursued at present Please furnish the details below:		
	Course - 1	Course - 2
Name of Course		
Name of the Institute		
Present Status of the Course		
Tentative date of completion		
Full / Part time OR Correspondence Course	☐ Full Time ☐ Part Time ☐ Correspondence	☐ Full Time ☐ Part Time ☐ Correspondence
Attested copy of Admission letter for joining the course		

Name: _____

Full Signature: _____



DETAILS OF PREVIOUS EMPLOYMENT / SELF EMPLOYMENT

(Starting with last employment)

1. ☐ Employment ☐ Self-Employment

Company Name		City		
Country		Industry	☐ Banking ☐ IT Sector ☐ Manufacturing ☐ Others	
Designation		Specialization of Work		
Nature of Employment ☐ Permanent ☐ Temporary	Period of (Self) Employment	From: To:	Last Salary Drawn in case of employment	Rs.
Date of relieving Letter		Remarks on Leaving		

2. ☐ Employment ☐ Self-Employment

Company Name		City		
Country		Industry	☐ Banking ☐ IT Sector ☐ Manufacturing ☐ Others	
Designation		Specialization of Work		
Nature of Employment ☐ Permanent ☐ Temporary	Period of (Self) Employment	From: To:	Last Salary Drawn in case of employment	Rs.
Date of relieving Letter		Remarks on Leaving		

3. ☐ Employment ☐ Self-Employment

Company Name		City		
Country		Industry	☐ Banking ☐ IT Sector ☐ Manufacturing ☐ Others	
Designation		Specialization of Work		
Nature of Employment ☐ Permanent ☐ Temporary	Period of (Self) Employment	From: To:	Last Salary Drawn in case of employment	Rs.
Date of relieving Letter		Remarks on Leaving		

Name: _____

Full Signature: _____



Details of Personal ID

Email ID			
Mobile No(s)			
Income Tax – PAN No			
Driving License No.		Date of Issue	Place of Issue
Voter ID Card No.		Date of Issue	Place of Issue
Passport No.		Date of Issue	Place of Issue

If appointment is on Contractual Basis:

Initial Period (Months / Years)	Maximum Period (Months / Years)	Notice Period for EMPLOYER (Days / Months)	Notice Period for EMPLOYEE (Days / Months)

Details for Police Verification	Nearest Police Station for Permanent Address (Full address)	Nearest Superintendent of Police Office for Permanent Address (Full address)
	District:	District:
	State:	State:
	Pin:	Pin:

Details for Certificate Verification	UG (Full Address of University/ Final Certificate issuing Institution)	PG (Full Address of University/ Final Certificate issuing Institution)
	Course:	Course:
	District:	District:
	State:	State:
	Pin:	Pin:

Additional Space for furnishing Data (if any):

Name: _____

Full Signature: _____



OTHER DETAILS:

1. Name of the Place(s) where you have lived in the last 10 Years:

S.No	Place	From (Year Only)	To (Year Only)
1			
2			
3			

2. Have you ever been arrested, prosecuted, kept under detention, or bound down/fined, convicted by Court of Law. If yes, please furnish full details.

3. Have you ever been debarred / disqualified by any institution from appearing at its examination / selection or debarred from any examinations, rusticated by any University or any other educational authority / Institution? If yes, please furnish full details.

4. Is any case pending against you in any Court of Law? If yes, please furnish full details.

5. Is any case pending against you in any University or any other educational authority / Institution at the time of filling up this form? If yes, please furnish full details.

6. Names, Occupation & Address of two respectable persons, not related to you, should be given as reference.

S.No	Name	Occupation Designation /	Full Address	Postal	Telephone Numbers

7. Have you been a member of any political party? If yes, please furnish full details.

8. Details of Immovable Property:

Name: _____

Full Signature: _____



DECLARATION

I hereby declare that the above statements are true and correct to the best of my knowledge and belief. I understand that if I am selected for apprenticeship, offer of apprenticeship will be based upon the truthfulness of the statements made herein. I have no objection to the Bank making enquiries at any time regarding the statement(s) made by me in the application / bio-data in any manner the Bank decides to do so, inclusive of police enquiry into my antecedents. It is noted that in the event of any information being found false or incorrect, my selection as apprentice in the Bank is liable to be terminated. I agree, if selected, undergo training anywhere in India, including rural and semi-urban areas in the entities of the Bank.

Date:

Place:

Signature of the Apprentice

Name in BLOCK letters

(To be signed by the Apprentice in the presence of an Officer of the Bank to whom the Bio-Data is submitted)

For Office Use Only

Not to be filled by the Candidate

I have verified the Bio-Data / Testimonials / Certificates and the apprentice has signed in my presence.

The basic data pertaining to the apprentice has been entered in the database (Apprentice portal) and the Apprentice No. generated by the system is

_____.

Date:

Place:

Name:

SR No:

Designation:

Branch / Office:

Signature of the Verifying Officer