

RESERVE BANK OF INDIA SERVICES BOARD

Application for the Post of Superintending Engineer (Vigilance) in Grade 'D' in the Reserve Bank of India (Advt. No. 3A / 2024-25)

1.	Name in full (in English with capital letters) :						ly for Office use)		
2.	Category:(General, Economically Weaker Section, Scheduled Caste, Scheduled Tribe, Other Backward Class, Persons with Benchmark Disabilities)								
3.	Gender: (Female / Male / Transgender)								
4.	Nationality						recent passport		
5.	Date of Birth:(DD/MM/YYYY)								
6.	6. Age (as on December 01, 2024): (Years)(Months)(Days) (Please attach documentary evidence)								
7.	Father's Name:								
8.	Mother's Name:								
9. Educational Qualifications (as on December 01, 2024):									
	Name of the Exam(s) U passed.	niversity/Institute	Subject(s)	Marks in percentage	Class / Division	Year of Passing			

(,) Essential Experience	(use separate s	sheet, if required)				
Sr.	Name and Address of the Employer/Institution	Designation	Nature of Responsibilities	Period		Duration	
No.				From	То	Years	Months
(B	Desirable Experience	l (use separate s	heet. if required)				
Sr. No.	Name and Address of the Employer/Institution	Designation	Nature of Responsibilities	Period		Duration	
				From	То	Years	Months
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(P 2. W fo co —	hether the candidate would remove the adversarion the adversarion remuneration contact Details:	v evidence) d desire to have vertisement, if and justification	selected? If yes	s, indica	ate the	expecte	

b.	Correspondence Add	ress:	
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	PI	N Code	<u> </u>
C.	E-mail id:		
d.	Alternate E-mail id, if	any:	
e.	Mobile (Cell Phone) No	o.:	
f.	Alternate Mobile No. i	f an y:	
14. List	of Enclosed Documents:		
(i)			
(ii)			
(iii)			
(iv)			
best of n in this ap my cand	my knowledge and belief. pplication is false / incorr didature /appointment is	I understand that if at any stag ect or that I do not satisfy the e	n are true, complete and correct to the e, it is found that any information given ligibility criteria according to the Board, ated. I have read and understood the abide by them.
Place: Date :		Name:	(Signature of the Applicant)