Karnataka Gramin Bank

(A Scheduled Bank Established by Government : Sponsored by Canara Bank)

Head Office: 32, Sangankal Road, Gandhinagar, Ballari - 583 103, Karnataka.
Phone : (08392) 236409, 236456

HUMAN RESOURCES WING : STAFF SECTION

BIO-DATA FORM

Please affix here a recent passport size photo and sign across it.

[To be filled in by the candidate in his/her own handwriting and submitted in 2 copies (1 original + 1 xerox copy). Please read the instructions carefully before filling up this form]

Roll Number :

Post :

1 Name in full [In Block letters] :

2. Date of Birth and Age :

Day	Month	Year

Age :
As on 01.06.2018
Blood Group :

3. Place of Birth :

4 Native Place : Taluk :

District State :

5 Marital Status
Single / Married / Widowed / Divorced / Legally Separated

5 (a) Name of the Spouse :
If the spouse is employed give details of employment
Name of the employer:
Designation:
Annual Income :

6 Father's / Husband's Name :
(Strike out which is not applicable)

7 Nationality : Religion :

8 Category :

[Please tick whichever is Applicable]

SC	ST	OBC	GEN	Persons With Disabilities				Ex Service Men
				OC	HI	VI	ID	

9 a] Permanent Address [in block letters] b] Communication Address [in block letters]

(where in parents / family is residing)					
		Pin :			Pin :
Phone	Res :		Phone	Res :	
	Cell :			Cell :	
E-mail :			E-mail :		
Alternate Contact No.			Alternate Contact No.		

….Contd.Pg.2.

10	Whether you are :	
A]	A member of Scheduled Caste : YES / NO If YES, furnish sub-caste	
B]	A member of Scheduled Tribe : YES / NO If YES, furnish sub-caste	
C]	A member of Other Backward Class : YES / NO If YES, furnish sub-caste	
D]	In case you belong to SC / ST / OBC category, indicate the serial number of Sub-caste as appearing in the Central Government list	:
E]	An Ex-Servicemen / Disabled Ex-Servicemen : YES / NO	
	If YES, No. of years of service put in Defence Services, date of discharge with reasons	:
F]	Orthopaedically Disabled : YES / NO If YES, furnish % of disability	
G]	Visually Disabled : YES / NO If YES, furnish % of disability	
H]	Hearing Impaired : YES / NO If YES, furnish % of disability	
I]	Intellectually Disabled : YES / NO If YES, furnish % of disability	

NOTE: Indicate whichever is applicable. A certificate in original from the Competent Authority should be produced in the case of candidates belonging to Scheduled Castes, Scheduled Tribes and Other Backward Classes [as per the proforma enclosed]. OBC Certificate should be of issued on or after 01.04.2018. In the event of conversion or re-conversion to Hindu or Sikh religion, adequate evidence including a copy of the relevant gazette notification and also other documentary evidence should be furnished. In the case of Ex-servicemen, Discharge Certificate issued by the concerned authority should be produced. In case of Persons With Disabilities, sufficient documentary evidence including the medical certificate issued by the Competent Authority should be necessarily produced.

11	Whether attended Pre-examination training course, conducted by the IBPS Bank [applicable to SC/ST/MC category candidates]. If YES, please furnish the name of the centre.	:
12	State the number of persons, who are dependent on you for support [Parents, Wife / Husband, Children, Brothers/Sisters, Others if any]	:

	Name of dependent	Age	Relationship	Occupation	Income (per annum)

Contd..3…

13 Educational Qualification as on 02.07.2018 (Last date of online Registration for CWE-VII) [Full particulars from X Std onwards to be given. If space is not sufficient furnish in annexure]

Certificate/ Degree / Diploma obtained	School / College / University / Board	Period From … To……	Principal & Optional subjects studied	No. of attempts	Class & Rank obtained	Percentage of marks obtained	Prizes / Scholarships & other distinctions obtained if any
X Std							
+2/ PUC							
Graduation (Indicate name of the degree): Specify the Subject							
1)							
2)							
P G (Indicate name of the PG Degree): Specify the Subject							
1)							
2)							
Computer Course. (Indicate)							
Others if any (Indicate name of the course):							

13 (a) Whether Studied Kannada language as one of the subjects in VIII/IX/ X Std or at Pre-University (10+2) or at Graduation level (furnish copy of certificate)

14 Details of Computer course/knowledge

Please mark the discipline

i]	MS DOS / MS Windows	:
ii]	Basic concepts of Networking & Connectivity	:
iii]	MS Office	:
iv]	Others [Furnish details]	:

15 Work experience

[Details of all previous employments, whether temporary or permanent including the present employment, if any, are to be given. If space is not sufficient furnish in annexure]

Name and address of the employer	Job title / Designation	Period of Employment		Salary	Job nature	Reasons for leaving
		From	To			

15 (a)	Any Specialised course done/work handled like HR, Investment, Procurement, IT, Legal matters, Civil Engineering etc.	:	
16 a]	Mother Tongue :		
b]	Languages Known :	To Speak :	
		To Read :	
		To Write :	
17	Particulars of participation in Sports, Athletics, Scouts, NCC, Debates, Dramas or other Extra-Curricular activities in School, College and elsewhere	:	
18	Hobbies and other interests	:	
19 a]	Have you ever been arrested, prosecuted, kept under detention or bound down / fined / convicted by a Court of Law or whether any case is pending against you in a Court of Law? If yes, give full details	:	
b]	Have you ever been debarred / disqualified by any institution from appearing at its examination / selection or debarred in any manner from any examination or rusticated by any University or any other educational authority / Institution ? If yes, give full details	:	
c]	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, give full details	:	
d]	Has any case been filed against you at present or in the past by any Bank, Insurance Company etc., for non-payment of any loan taken from them ? If so, please give details	:	

20 a] In case you are / were an employee of the Government/ Public Sector / Nationalized Bank/ Municipal Corpn.,/ Private Sector Organization, please state whether there is any disciplinary case pending against you or whether any disciplinary case was levelled against you during the last 3 years of your service. If so, please give details :

b] Were you ever removed, discharged/dismissed/made to resign from such service in the past? If so, please give details. :

21 Please furnish Name, Occupation and address of TWO respectable persons, NOT related to you, to be given as reference

1] Name :
Occupation :
Address :

2] Name :
Occupation :
Address :

22 In case you are selected, how soon you can join :

23 Additional information if any, which you wish to furnish :

The following are to be enclosed in the same order

A. CERTIFIED TRUE COPIES OF :

a) Printout of the online application with a recent passport size photograph affixed on it.
b) Score Card of Common Recruitment Process for RRBs conducted by IBPS in CRP RRB-VI and printout of CRP RRB-VII online application.
c) VIII/IX/X std or Pre-University (10+2) or Graduation examination mark sheet in support of local language proficiency i.e. Kannada.
d) Attested copy of school leaving certificate or any other document as proof of age acceptable to the Bank.
e) Marks Card/Sheet from X std examination to the highest examination passed, including technical and professional examinations of each year / semester, if any in support of educational qualification including computer course.
f) Marks cards of Class VIII and above showing Kannada as one of the subject of study if studied, if any.
g) Certificate regarding graduation / post-graduation /Computer Course/ other examinations passed.
h) Caste certificate issued by the Competent Authority in the prescribed format as per the proforma enclosed in the case of SC/ST/OBC candidates.
i) Medical certificate from the authorized Certifying Authority – i.e., Medical Board appointed by the State Govt. at District levels comprising of Chief Medical Officer / Sub-Divisional Medical Officer/s in the District and an Orthopedic / Ophthalmologist / ENT Surgeon as the case may be, in the case of candidates belonging to Persons With Disabilities category.
j) Service/Discharge certificate issued by the Competent Authority in the case of Ex-servicemen.

k) Experience Certificate/s from the employer/s regarding present and previous employment
l) Photo identity proof such as PAN Card/Passport/Driving Licence/Voters Card/Bank pass book with photograph/Photo identity proof issued by a Gazetted Officer/Identity card issued by a recognized College/University/Aadhar Card with photograph/Employee ID (if PAN and Aadhar card is not available, both have to be produced to Bank within 30 days of reporting).
m) Testimonials regarding proficiency in Curricular/Extra-curricular activities, if any.

B. ORIGINAL CERTIFICATES /DOCUMENTS:

1. No Objection Certificate from the employer in the case of candidates working.
2. Character certificate issued by last studied college and from two respectable persons not related to you, obtained on a recent date.
3. Caste Certificate issued by the Competent Authority.
4. Printout of online application submitted with recent passport size photograph affixed on it.
5. Medical Certificate of Physical fitness in the Form enclosed, from a Medical Officer not below the rank of an Assistant Civil Surgeon of Government district hospital along with a copy of the Declaration form appended thereto.
6. Medical Certificate in case of PWD candidates.
7. Discharge certificate/NOC in case of Ex-Servicemen.

I _____ hereby declare that the above statements are true, complete and correct and also that no facts have been suppressed. It is understood that employment, if any, offered to me is based upon the truthfulness of the statements made herein and in the event of any information being found false or incorrect at a later date, my appointment is liable to be terminated. I further state that, if selected, I am willing to be posted to any of the branch/office of the Bank.

DATE :

PLACE : **SIGNATURE OF THE CANDIDATE**

FOR OFFICE USE

Certificates Scrutinized by

Name & Staff No :

Designation :

Office Address :

Date :

Signature :

KARNATAKA GRAMIN BANK
HEAD OFFICE : BALLARI

ATTESTATION FORM

From:

_____
_____
_____
_____

The furnishing of false information/suppression of any factual/ information in the attestation form would be a disqualification and is likely to render the candidate unfit for appointment in the Bank. If the fact that false information has been furnished or there has been suppression of any factual information in the attestation form comes to notice at any time during the service of a person, his services would be liable to be terminated.

DECLARATION

I certify that the information furnished is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment in the Bank. I have no objection to the Bank making enquiries at any time (immediately/in the near future) regarding the statements made by me in the application, in any manner they decide to do so inclusive of police enquiry into my antecedents.

Address of the nearest Police Station:

_____
_____
_____

Place :

Date : Signature of the candidate.

ATTESTATION FORM

1	Name in full (in block capitals) with aliases, if any (please indicate if you have added or dropped at any state any part of your name or surname)	
2	Present address in full i.e., Village, Thana and District or House number Lane/Street/Road and Town/City and name of the District head quarters & State	
	Home address in full i.e., Village, Thana and District or House number Lane/Street/Road and Town/City and name of the District head quarters & State	
3	If originally a resident of Pakistan the address in that country and the date of migration to Union of India to be furnished.	
4	Particulars of places (with periods of residence) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan) particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given)	

From	To	Residential address in full Village, Thana and District, State or House number Lane/Street/Road and Town/City, State	Name of the District Head quarters of the place mentioned in the preceding column and Name of the State

5	(a) Father's (a) Name in full with aliases, if any	
	(b) Present and Postal address (if not alive, give last address)	
	(c) Permanent Home address	
	(d) Profession	
	(e) If in service, give designation and official address	
5 (a)	i. Spouse Name in full with alias if any	
	ii. Address	
	iii. Profession	

	iv. If in service give details of employer, designation, office address and Annual Income	
	v. Date of employment	
6	Nationality of	
	(a) Father	
	(b) Mother	
	(c) Husband/wife	
	(d) Candidate	
	Place of Birth of Husband/Wife	
7	(a) Date of Birth	
	(b) Present age	
	(c) Age as per Matriculation	
8	(a) Place of Birth	
	District and state in which situated	
	(b) District and state to which you belong	
9	(a) Your religion	
	(b) Are you a member of a scheduled Caste/ Schedules Tribe/OBC	
10	Educational qualifications showing places of education with years in schools and Colleges since 15th year of age.	

Name of School / College with full address	Date of entering	Date of leaving	Examination passed

11	Names of family members.			
Name	Relationship to the candidate	Occupation	Annual Income	Whether dependent on candidate

Note: Spouse will be dependent of candidate irrespective of annual income. Hence mention the spouse details, provided legally not separated

12 (a)	If you have, at any time, been employed, give details.			
Designation of post held with description of work	Period		Full address of the Office/ Firm or Institution	Full reasons for leaving the service
	From	**To**		

12(b)	If the previous employment was under Government of India/an institution in the public sector (including the State Bank of India and its subsidiaries): If you had left the service on giving the requisite notice under Rule 5 of the Central Civil Services (Temporary service) Rules 1949 or any similar corresponding rules, were any disciplinary proceedings framed against you or had you been called upon to explain your conduct in any matter at the time you gave notice to termination of service or at a subsequent date before your services were actually terminated.	
13	Have you ever been prosecuted or kept under detention or bound down/fined/ convicted by a court of law for any offence or debarred or disqualified by any Public service Commission/ from appearing in its examinations/selection? If any case is pending against you in any court of law at the time of filling up this attestation form? If the answer is 'Yes' full particulars of the case, detention, find, conviction, sentence etc., should be given along with copies of petition and other relevant documents/papers.	
14	Name and full address of two responsible persons of your locality or two references to whom you are known.	

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment in the Bank.

Place :

Date : Signature of the candidate

INDEMNITY BOND (for Officers)
(To be executed on non judicial stamp paper of Rs 200/-)

THIS DEED OF INDEMNITY is made on this ____ day of _____(month) 2019 by me, Sri/Smt/Miss_____ S/o, W/o, D/o_____ aged_____ years R/o _____Taluka_____District_____ State _____ to the Chairman, Karnataka Gramin Bank constituted and functioning under the Regional Rural Banks Act, 1976 having its Head Office at Gandhinagar, Ballari, hereinafter called the Bank.

1. WHEREAS I have been selected as Probationary Officer Middle Management Grade Scale-II (Manager) on the terms and conditions of offer of appointment letter dated _____ issued by the Bank and I have accepted the same in full.
2. WHEREAS one of the terms of selection is that, the candidates selected for the post of Officer Middle Management Grade Scale-II (Manager) shall have to execute an Indemnity Bond binding to pay a lump sum of Rs. 2,00,000/- (Rupees Two lakhs only) to the Bank if they wish to leave the Bank during the period of probation on his/her own accord which is in addition to provisions of Staff Service Regulations of the Bank and WHEREAS it is necessary that, the terms and conditions are to be reduced in writing as follows:
   A. WHEREAS in consideration of the conditions put forth by the Bank, I am ready to serve in the Bank in such form and manner and places as the Bank may from time to time determine in this behalf during the Probationary period of two years extendable by a further period of one year as per the Regulations of Karnataka Gramin Bank (Officers & Employees) Service Regulations 2019.

   B. WHEREAS in the event of leaving the Bank for any reason/resigning from the services by me within the period of probation on my own accord/wish, I hereby agree to indemnify the lump sum amount of Rs 2,00,000/- (Rupees Two lakh only) to the Bank.

   C. WHEREAS the Bank has at liberty to terminate me from the service during the period of probation for any reasons after giving one month's notice or pay in lieu thereof by invoking the Regulations of Karnataka Gramin Bank (Officers & Employees) Service Regulations 2019.

   D. WHEREAS upon the successful completion of my probation and confirmed by the Bank in its regular service, I shall serve the Bank in the grade as fixed by the Bank and I shall be governed by the Regulations of Karnataka Gramin Bank (Officers & Employees) Service Regulations 2019.

   E. WHEREAS I hereby agree to serve the Bank honestly, faithfully and fulfill the terms of the Bank.

In witness whereof this deed has been signed this on the day, month and year first above written.

IDEMNIFIER

Witness:

1) _____ (Signature).

Name and address:
_____
_____
_____
_____
_____
Contact No._____

2) _____ (Signature).

Name and address:
_____
_____
_____
_____
_____
Contact No._____

KARNATAKA GRAMIN BANK
HEAD OFFICE: BALLARI

PARTICULARS OF THE RELATIVES IN THE BANK

1. Name of the Employee :
2. Designation :
3. Date of Birth :
4. Date of entry into service :
5. Qualification :
6. Particulars of relatives in the Bank :

Name	Branch	Nature of relationship

I hereby declare that the information given above is true.

Date : Signature

LIST OF CLOSE RELATIVES FOR THE ABOVE PURPOSE IS

1. Father	16. Husband's mother	31. Sisters' daughter
2. Mother (including step mother)	17. Sister's Husband	32. Father's Brothers son
3. Son (including step son)	18. Husband's sister	33. Father's Brothers daughter
4. Son's wife	19. Husband's father	34. Father's sister's son
5. Daughter (including step daughter)	20. Husband's brother	35. Father's brothers son
6. Father's father	21. Wife's father	36. Mother's Brother's daughter
7. Mother's Mother	22. Wife's mother	37. Mother's Sister's son
8. Mother's father	23. Wife's brother	38. Mother's Sister's daughter
9. Mother's mother	24. Wife's sister	39. Father's brother's wife
10. Grandson	25. Father's brother	40. Father's sister's daughter
11. Grand daughter	26. Father's sister	41. Mother's brother's wife
12. Daughter's husband	27. Mother's sister	42. Mother's sister's Husband
13. Brother (including step brother)	28. Mother's brother	43. Wife
14. Brother's wife	29. Brother's daughter	44. Husband
15. Sister (including step sister)	30. Sister's son	45. Father's Sister's daughter

DECLARATION OF QUALIFICATION, AGE AND CASTE ETC.

The Chairman,
Karnataka Gramin Bank,
Head Office,
32, Sanganakal Road,
Gandhinagar,
BALLARI 583 103.

Dear Sir,

I am given to understand that I am being considered for appointment for the post of _____ in the Bank.

I hereby declare and confirm that my educational qualification is _____. I have passed _____ standard examination from _____(Name of the School) in the year _____.

I further declare and confirm that my date of birth as recorded in _____ _____school and other records is _____.

*I also further declare that I belong to _____community as enumerated in_____

*I have _____ disability with _____% of disability, medical certificate to the above effect is submitted.

*I have served as ex serviceman in _____ since _____ in the capacity of _____ and retired/going to retire on _____

I _____ hereby declare that the information submitted by me are true and correct to the best of my belief and the declarations is made sincerely and consciously with full knowledge. I agree and confirm that if, at a future date, it is found by the Bank that I have concealed facts or made false declaration, the same would tantamount to fraud on my part to deceive the Bank and I would be liable for any punishments, including dismissal, which the Bank is entitled to award for major misconduct.

*Strike out if not applicable

Yours faithfully,

(Signature)
Full Name (in Capital letters) :

Full Address :

From: Place:
Date :

To,

The Chairman,
Karnataka Gramin Bank,
Head Office,
BALLARI.

Dear Sir,

SUB: MY APPOINTMENT IN THE BANK.
REF: OFFER OF APPOINTMENT No._____
DATED _____.

As per offer of appointment I have to furnish the PAN card details.

In this regard I declare as under:

- I am having PAN Card No. The PAN Card No is _____.(Copy Enclosed)
- I have not secured PAN Card. The same will be obtained as early as possible*.

*(Strike out which is not applicable)

This is for your information.

Yours faithfully,

Signature

***Note**: In the event of non availability of PAN Card the candidate concerned has to apply immediately and required to produce before joining the Bank / immediately after joining the services of the Bank.

From: Place:
Date :

To,

The Chairman,
Karnataka Gramin Bank,
Head Office,
BALLARI.

Dear Sir,

SUB: MY APPOINTMENT IN THE BANK.
REF: OFFER OF APPOINTMENT No._____
DATED _____.

As per offer of appointment I have to furnish the Aadhaar card details.

In this regard I declare as under:

- I am having Aadhar Card No. _____.(Copy enclosed).
- I have not secured Aadhar Card. The same will be obtained as early as possible*.

*(strike out which is not applicable)

This is for your information.

Yours faithfully,

Signature

***Note**: In the event of non availability of AADHAR Card the candidate concerned has to apply immediately and required to produce before joining the Bank / immediately after joining the services of the Bank.

From:

Place:
Date :

To,

The Chairman,
Karnataka Gramin Bank,
Head Office,
BALLARI.

Dear Sir,

SUB: MY APPOINTMENT IN THE BANK.
REF: OFFER OF APPOINTMENT No._____
DATED _____.

As per offer of appointment I have to produce Employment Exchange Registration Card.

In this regard I declare as under:

- I have registered my name in the Employment Exchange _____ (place) and my Employment Registration No is _____ and valid upto _____.
- I have not registered/enrolled my name in any of the Employment Exchanges*.

*(strike out which is not applicable)

This is for your information.

Yours faithfully,

Signature

INFORMATION TO BE FURNISHED BY THE CANDIDATE

1	**Name in full (in BLOCK LETTERS)**	:	
2	**Postal Address**	:	
3	**Father's/Husband's Name**	:	
4	**Had you or any of your close relatives suffered from Gout Epilepsy, Convulsions, Scrofula or insanity?**		
5	**Have you at any time suffered from or had symptoms of:**		
	a Palpitation, fainting or any affection of Heart.		
	b Any affection of the Kidneys or Urinary Organs		
	c Any affection of Stomach, Liver etc.		
	d Had you met with any accident? If yes, details		
	e Have you ever undergone any surgical operations? If yes, details.		
6	**Had you or any of your close relatives suffered from Blood Pressure or Diabetes? If yes, details thereof**		
7	**Have you ever been admitted in a Hospital, Sanatorium etc.? If yes, reasons**		
8	**Have you suffered from any other disease or illness of serious nature not mentioned above?**		

I hereby declare that all the above statements are true to the best of my knowledge and belief. I have not withheld any material information. In case any of the information furnished above turns out to be false, appropriate action may be taken against me.

WITNESS:
Signature : _____
Name : _____
Address : _____
_____

SIGNATURE OF THE CANDIDATE
DATE:

Annexure – I

To

Branch/Section Manager

_____ Branch/RO/HO

_____

USER ACCESS FORM			
User Information			
Full Name of the Employee		**Designation**	
Staff No		**Cadre**	
Branch /Office		**DP Code**	
		Mobile No	

System Access Required			
Active Directory Id		**Finacle - Work Class : Role ID**	
Email		**Other Applications**	
Internet		**AML - Work Class**	**Y/N**
		ALM - Work Class	**Y/N**
		Spectrum	**Y/N**
		Prognosis	**Y/N**
		Any other application (specify)	**Y/N**

Undertaking by the User

1. The above accesses are provided to me to carry out my normal duties and responsibilities assigned to me from time to time.
2. I understand that I shall use the privileges given to me only for the purpose it is given.
3. I shall abide by IT Security policy and other security policies issued from time to time. I shall maintain the complete confidentiality of the access credentials.
4. I shall be personally responsible to all the activities including financial transactions done using the above user IDs.
5. Access privileges granted to me may be modified depending upon the requirements and is binding on me.

Signature of the user
Name:

Approval

Signature
Name & Designation
Branch/RO

Signature
Name & Designation
Staff Section, HO

Note to Users

- Please change the default password on first time login
- Please change your password periodically
- Please ensure that system displays the last login date and time and it matches your login.

SCHEDULE – I
[See regulation 5(4)(ii)]

DECLARATION OF MARITAL STATUS

1. Shri/Smt/Kum_____s/o/d/o_____

   _____ declare as under:

   i. That I am unmarried/a widower/widow.

   ii. That I am married and have only one spouse living.

   iii. That I have entered into or contracted a marriage with a person having a spouse living. I may be granted exemption on the basis of ground given below. Application for grant of exemption is enclosed.

   Ground:

2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date: Signature

SCHEDULE – II
[See regulation 19]

DECLARATION OF FIDELITY AND SECRECY

I, _____do hereby declare that I will faithfully, truly and to the best of my skill and ability execute and perform the duties required of me as officer or employee of the Karnataka Gramin Bank and which properly relate the office or position held by me in the said Bank.

I further declare that I will not divulge or allow to be divulged to any person not legally entitled thereto any information relating to the affairs of the said Bank or to the affairs of any person having any dealing with the said Bank and nor will I allow any such person to inspect or have access to any books or documents or electronic records belongings to or in possession of the said Bank and relating to the business of the said Bank of the business of any person having any dealing with the said Bank.

Signature:

Signed before me

Name in full:

Signature:

Designation:

Name in full:

Place

Designation:

Date

SCHEDULE – III
[See regulation 73]

DECLARATION OF DOMICILE

Place:
Date:

I, the undersigned having been appointed in the service of the Karnataka Gramin Bank hereby declare _____(Place) in _____(District) as my place of domicile.

1. *The above is my place of birth.

or

*The above is not my place of birth. My place of birth is _____ (place) in _____ (District) but _____ (Place) has been declared as my place of domicile for the reasons given below.

_____

_____

Signature

Name in full

Designation and

Nature of appointment

Date of appointment

Name:

*Strike out whichever is not applicable

Designation:

KARNATAKA GRAMIN BANK:HEAD OFFICE:BALLARI

ANNUAL PROPERTY RETURN

(Please write legibly, fill all columns)

Annual Property Return of Sri./Smt. .....( ), Designation ..... as at.

(Under Regulation 28(2) of Karnataka Gramin Bank (Officers & Employees) Service Regulations 2019)

PART I IMMOVABLE PROPERTY

Details of the property	Held in whose name	Size / Extent	Location / address	Date acquired	Value while acquiring	Source of funds	Present value	Informed to Bank on	Permission of HO
1	2	3	4	5	6	7	8	9	10
1.Residential House/s Apartments									
2.Commercial building									
3.Plot/sites									
4.Agricultural land									
5.Any other (explain)									
TOTAL Value									
Of 1-5, additions during year									
Deletions during year									
Explanation on additions made during the year with details of source of funds and permissions									

PART II MOVABLE PROPERTY / LIQUID ASSETS

Details of the property	Held in whose name	Particulars / details of the assets	Date acquired	Value while acquiring	Source of funds	Present value	Informed to Bank on	Permission of HO
1	2	3	4	5	6	7	8	9
1. Shares / Debentures / Units / Bonds etc								
2. NSC / LIC / P F etc (other than salary savings)								
3. Gold / Silver / Precious Stones								
4. Cash Deposits								
5. Durable Articles – state consolidated value								
6. Personal Vehicles								
7. Commercial Vehicles								
8. Others								
TOTAL VALUE								
Out of the above additions during year								
Disposal during year								
Explanation on additions made during the year with details of source of funds and permissions								

(If space is not sufficient use blank paper). I declare that the return represents the status correctly and that no information has been withheld or falsely stated.

DATE:
PLACE:

NAME:
STAFF NO. & DESIGNATION:
SIGNATURE:

PART II MOVABLE PROPERTY / LIQUID ASSETS

Details of the property	Held in whose name	Particulars / details of the assets	Date acquired	Value while acquiring	Source of funds	Present value	Informed to Bank on	Permission of HO
1	2	3	4	5	6	7	8	9
1. Shares / Debentures / Units / Bonds etc								
2. NSC / LIC / P F etc (other than salary savings)								
3. Gold / Silver / Precious Stones								
4. Cash Deposits								
5. Durable Articles – state consolidated value								
6. Personal Vehicles								
7. Commercial Vehicles								
8. Others								
TOTAL VALUE								
Out of the above additions during year								
Disposal during year								
Explanation on additions made during the year with details of source of funds and permissions								

(If space is not sufficient use blank paper). I declare that the return represents the status correctly and that no information has been withheld or falsely stated.

DATE:
PLACE:

NAME:
STAFF NO. & DESIGNATION:
SIGNATURE:

APPENDIX – I
Rule 3(1)

Return of Assets and Liabilities on first appointment or as on _____*
(Under Section 44 of the Lokpal and Lokayuktas Act,2013)

1	Name of the Employee in full (in block letters)	
2	Staff Number	
3	Present Place of Working	
4	Regional Office	

DECLARATION

I hereby declare that the return enclosed namely, Forms I to IV are complete, true and correct to the best of my knowledge and belief, in respect of information due to be furnished by me under the provisions of section 44 of the Lokpal and Lokayuktas Act, 2013.

Date: _____ Signature:_____

* In case of first appointment please indicate the date of appointment.

Note 1. This return shall contain particulars of all assets and liabilities of the employee either in his/ her own name or in the name of any other person.

The return should include details in respect of assets/ liabilities of spouse and dependent children as provided in Section 44 (2) of the Lokpal and Lokayuktas Act, 2013.

(Section 44(2): An employee shall, within a period of thirty days from the date on which he makes and subscribes an oath or affirmation to enter upon his office, furnish to the competent authority the information relating to –

(a) the assets of which he, his spouse and his dependent children are, jointly or severally, owners or beneficiaries;
(b) his liabilities and that of his spouse and his dependent children.)

Note 2. If an employee is a member of Hindu Undivided Family with co-parcenary rights in the properties of the family either as a 'Karta' or as a member, he should indicate in the return in Form No. III the value of his share in such property and where it is not possible to indicate the exact value of such share, its approximate value. Suitable explanatory notes may be added wherever necessary.

Note 3. "Dependent children" means sons and daughters who have no separate means of earning and are wholly dependent on the employee for their livelihood.(As per Explanation under Section 44(3) of Lokpal and Lokayukt as Act, 2013).

APPENDIX-II
[RULE 3 (1)]
FORM NO.I

DETAILS OF EMPLOYEE, HIS/ HER SPOUSE AND DEPENDENT CHILDREN

Sl No		Name	Public Position held, if any	Whether Return being filed by him/ her, separately
1	Self			
2	Spouse			
3	Dependent –1			
4	Dependent-2			
5	Dependent-3			

Add more rows, if necessary.

Signature:

Name with staff number:

Designation:

Date:

FORM NO.II

STATEMENT OF THE MOVABLE PROPERTY ON FIRST APPOINTMENT OR AS ON .....

(USE SEPARATE SHEETS FOR SELF, SPOUSE, EACH DEPENDANT CHILD)

Sl No	Description		Value	Remarks, if any
i.*	Cash & Bank balance:			
ii.*	Insurance (Premia paid):			
	Fixed/ Recurring Deposit (s):			
	Shares/ Bond:			
	Mutual Fund (s):			
	Pension Scheme/ Provident Fund:			
	Other investment, if any:			
iii	Personal Loans/ Advance given to any person or entity including firm, company, trust, etc., and other receivables from debtors and the amount (exceeding two months basic pay or Rs.1.00 lakh as the case may be):			
iv	Motor vehicles (details of make, registration number, year of purchase and amount paid) :			
v	Jewellery [give details of approximate weight (plus or minus 10 grams in respect of gold or precious stones; plus or minus 100 grams in respect of silver)]	Weight		
	Gold:			
	Silver			
	Precious Metals & Precious stones			
	Composite items: (Indicate approximate value) ***			
vi	Any other assets (give details of moveable assets not covered in (i) to (v) above)			
	a. Furniture			
	b. Fixtures			
	c. Antiques			
	d. Paintings			
	e. Electronic equipments			
	f. Others			

	[Indicate the details of an asset only if the total current value of any particular asset in any particular category (e.g. Furniture, fixtures, electronic equipment, etc) exceeds two months' basic pay or Rs.1.00 lakhs as the case may be]		

Signature:

Name with staff number:

Designation:

Date:

* Details of deposit in Foreign Bank(s) to be given separately.

** Investment above Rs.2.00 lakhs to be reported individually. Investment below two lakhs may be reported together.

*** Value indicated in the First Return need not be revised in subsequent returns as long as no new composite item had been acquired or no existing items had been disposed off during the relevant year.

FORM NO.III

STATEMENT OF IMMOVABLE PROPERTY ON FIRST APPOINTMENT OR AS ON THE .....

(E.G. LANDS, HOUSE, SHOPS, OTHER BUILDINGS, ETC.)

[HELD BY EMPLOYEE, HIS/ HER SPOUSE AND DEPENDENT CHILDREN]

Sl No	Description of property (Land/ House/ Flat/ Shop/ Industrial etc.)	Precise location (name of District, Division, Taluk and Village in which the property is situated and also its distinctive number, etc.)	Area of land (in case of land and buildings)	Nature of land in case of landed property	Extent of interest	If not in name of the employee, state in whose name held and his/ her relation-ship, if any to the employee	Date of Acquisi-tion	How acquired (Whether by purchase, mortgage, lease, inheritance, gift or otherwise) and name with details of person/ persons from whom acquired (address and connection of the Government servant, if any, with	Present value of the property (if exact value not known, approx value may be indicated)	Total annual income from the property	Remarks

								the person/ persons concerned) (please see Note 1 below) and cost of acquisition			
1	2	3	4	5	6	7	8	9	10	11	12

Signature:

Name with staff number:

Designation:

Date:

Note (1) For purpose of Column 9, the term "lease" would mean a lease of immovable property from year or for any term exceeding one year or reserving a yearly rent. Where, however, the lease of immovable property is obtained from a person having official dealings with the Government servant, such a lease should be shown in this Column irrespective of the term of the lease, whether it is short term or long term, and the periodicity of the payment of rent.

FORM NO. IV

STATEMENT OF DEBTS AND OTHER LIABILITIES ON FIRST APPOINTMENT OR AS ON.....

Sl No	Debtor (Self/Spouse or dependent children)	Name and address of creditor	Nature of Debt/Liability and amount	Remarks
1	2	3	4	5

Signature:

Name with staff number:

Designation:

Date:

Note 1: Individual items of loans not exceeding two months basic pay (where applicable) and Rs.1.00 lakh in other cases need not be included.

Note 2: The statement should also include various loans and advances (exceeding the value in Note 1) taken from Banks, companies, financial institution, central / state government and from individuals.

FORM 'F'

[See sub-rule (1) of rule 6]

NOMINATION

To _____ [Give here name or description of the establishment with full address]

1. Shri/Shrimati/Kumari _____ whose particulars are given in the statement below,

[Name in full here]

Hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is a/are member(s) of my family within the meaning of clause (h) of section (2) of the Payment of Gratuity Act 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said Act.

4. (a) My father / mother / parents is/are not dependant on me.

   (b) My husband's father / mother / parents is / are not dependant on my husband.

5. I have excluded my husband from my family by a notice dated the _____ to the Controlling Authority in terms of the proviso to clause (h) of section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nommee	Proportion by which the gratuity will be shared
1)			
2)			
3)			
4)			
so on			

Statement

1. Name of employee in full.
2. Sex.
3. Religion.
4. Whether unmarried / married / widow / widower.
5. Department / Branch / Section where employed.
6. Post held with Ticket or Serial No., if any.
7. Date of appointment.
8. Permanent address.

Village :_____ Thana :_____ Sub-division _____

District :_____ State :_____

Village _____ Thana _____ Sub-division _____ Post Office _____ District _____ State _____

Place :

Date : Signature / Thumb impression of the employee

Declaration by witnesses

Nomination signed / thumb impressed before me.

Name in full and full address of witnesses	Signature of witnesses
1)	1)
2)	2)

Place :

Date :

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Signature of the employer / Officer authorised

Designation

Date

Name and address of the establishment or rubber stamp thereof.

Acknowledgement by the employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date : Signature of the employee

NOMINATION TO VARIOUS SCHEMES

From:	
Name of The Employee	
Staff No.	
Name of the Father /Husband/Mother (Put✓Mark)	
Date of Birth	
Name of the Branch/Office	

To,
The Chief Manager,
HR Wing,
Staff Section,
Karnataka Gramin Bank
Head Office, Ballari

I hereby nominate the persons mentioned here below in the event of my death.

1. TO receive the amount standing to my credit Linked Insurance Scheme Group Term Insurance Scheme (GTIS)
2. To receive the claim amount under Group Term Insurance Scheme.

GROUP TERM INSURANCE SCHEME (GTIS)				
Sl No	Name of the members	Address	Date of Birth	Relationship with members
1				
2				
3				
4				
5				
6				

Place:
Date:

Signature of the Employee

DECLARATION BY THE CANDIDATE SEEKING RESERVATION AS OBC

"I, _____ son/daughter/wife of Shri _____ resident of _____Village/town/city_____ district_____State_____hereby declare that I belong to the _____ community which is recognized as a Backward Class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No. 36012/22/93-Estt. (SCT), dated 08.09.1993. It is also decelerated that I do not belong to persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum, dated 08.09.1993."

PLACE: _____

DATE: _____

(Signature)

IDENTITY CERTIFICATE

Please affix here a recent passport size photo

Signature of the issuing authority across the photo

Certified that I have known Sri/Smt/Kum _____

s/o/d/o/w/o Sri _____ for the last

_____ years _____ months and that to the best of my knowledge and belief

the particulars furnished by him/her is correct.

Signature of Sri/Smt

Date : Signature

Place : Designation of status and address:

(Certificate to be signed by any of the following)

i Gazetted Officers of Central or State Government.
ii Members of Parliament or State Legislative.
iii Sub-Divisional Magistrate/Officers.
iv Tahasildars /Deputy Tahasildars authorised to exercise magisterial powers.
v Principals and Head Masters of all recognised Institutions.
vi Block Development officers.
vii Post-Masters.
viii Panchayath Inspectors.

Note: 1. Affix photo and signature of issuing authority to be obtained across the photo.

2. Affix signature in Signature column

CONDUCT AND CHARACTER CERTIFICATE

This is to certify that Sri _____ S/o /D/o / W/o _____ R/o _____is staying at _____since ____ years _____ months.

The conduct and character of the above candidate is satisfactory to the best of my knowledge.

Place :

Date : Signature with seal

---------- cut here ----------
--

CONDUCT AND CHARACTER CERTIFICATE

This is to certify that Sri _____ S/o /D/o / W/o _____ R/o _____is staying at _____since ____ years _____ months.

The conduct and character of the above candidate is satisfactory to the best of my knowledge.

Place :
Date : Signature with seal

----------cut here----------
-

CONDUCT AND CHARACTER CERTIFICATE

This is to certify that Sri _____ S/o /D/o / W/o _____ R/o _____is staying at _____since ____ years _____ months.

The conduct and character of the above candidate is satisfactory to the best of my knowledge.

Place :
Date : Signature with seal

MEDICAL FITNESS CERTIFICATE
(To be obtained from a Government Civil Hospital)

1	**Name and address of the candidate**	
2	**Height**	
3	**Weight**	
4	**Age**	
	By appearance	
5	**Sex**	**MALE/FEMALE**
6	**Is his/her vision normal** If not, does he/she wear spectacles? If so, the extent of acuity of vision	
7	**Does he/she suffer/has suffered from any of the following**	
	a Any chronic and contagious disease?	
	b Colour blindness	
	c Muteness and/or deafness (In case of deafness, the degree)	
8	**a Has he/she got any apparent physical defects?**	
	b If so the nature and extent (%) in	
	i. Upper Limbs	
	ii. Lower Limbs	
	iii. Any other part of body (with details)	
9	**(a) Clinical assessment of Heart, Blood Pressure, Lungs, Abdomen**	
	(b) Trimester period / status (if applicable)	
10	**Will any of the defects (if any as shown in clause 6 and/or clause 7 above), come in the way of his normal functioning like**	

	a Writing	
	b Reading	
	c Conversing	
	d Cycling	
	e Walking	
	f Hearing	
11	Chest Measurements	
	a On full inspiration	
	b On full expiration	
	c Difference	
12	Identification Marks	
	1.	
	2.	
13	a Blood Sugar	
	b Blood Group	

i. Certified that he/she is physically and mentally found fit to be employed in the Bank as _____(mention post).

ii. Certified that he/she is found unfit to be employed in the Bank due to his/her following defects

a
b
c

Place : Signature of the Doctor of Civil Govt. Hospital:_____
Date : Name of the Doctor:_____
Register Number:_____
Seal:

PROFORMA OF REPORT TO BE OBTAINED FROM PREVIOUS EMPLOYER(S)

1. Name of the candidate	
2. Name of the department/company	
3. Period of which he/she was employed in your company/firm/department.	
4. His / Her Conduct during the period of service	
5. Whether the candidate is still in service or reasons for dismissal/discharge/resignation.	
6. Date of discharge/relief from your company/firm/department	
7. Whether there is anything in his/her past which render him unsuitable for service in the Bank.	
8. Is the candidate related to you	

Date :

Signature and Name

Designation :

Name of the company/Firm/Department

Address: