RESERVE BANK OF INDIA SERVICES BOARD, MUMBAI  APPLICATION FOR THE POST OF (i) CHIEF LIBRARIAN IN GR.'D' IN DEPARTMENT OF ECONOMIC AND POLICY RESEARCH (DEPR) (ii) DEPUTY GENERAL MANAGER IN GR.D FOR MANAGEMENT OF MAINFRAME RESOURCES AT DATA CENTRES FOR DEPARTMENT OF INFORMATION TECHNOLOGY (DIT) AND (iii) DEPUTY GENERAL MANAGER IN GR.D FOR MANAGEMENT OF NETWORKS FOR DEPARTMENT OF INFORMATION TECHNOLOGY (DIT)											
Advt. No. 1 A/2011-12									RECEIP	T NO.	
POST APPLIED FOR:						ONLY FOR OFFICE USE					
1. NAME IN FULL (IN ENGLISH WITH CAPITAL LETTERS):  Paste a Signed Latest										ned test	
2. CATEGORY:  A. WRITE GEN for General/SC for Scheduled Caste/ST for Scheduled Tribe/OBC for Other Backward Class. (OBC candidates coming under 'Creamy Layer' should Indicate their category as GEN). This column should not be kept blank  B. PWD Category WRITE OH for Orthopaedically Handicapped, HI for Hearing Impaired and VH for Visually Handicapped in											
addition to the main Category in A above (Others leave it Blank)											
3. SEX: WRITE [M] FOR MALE AND [F] FOR FEMA 4. DATE OF BIRTH:											
4. DATE OF BIRT	п:				ī	Date	M	onth	Υ	'ear	
5. AGE (AS ON 01	1.08.2011):				_	`	Year	s	Моі	nths	
6. A. ACADEMIC (Starting with m		-									
Name of the Exam. (Please specify)	Main Subject	Date o		Jniversity/li	nstitu			all % of wo dec	marks . points)	Class / Division	
Graduation											
Post Graduation											
B. HIGHER QUALIFICATIONS (AS ON 01.08.2011) (Write in the box whether M.Phil./Ph.D.)  7. DO YOU FALL UNDER EX-SERVICEMAN/DOMICILED IN J. & K. /											
RETRENCHED FROM GOVT. OFFICE / BANKING INSTITUTION ? WRITE [Y] FOR YES [N] FOR NO											
8. EXPERIENCE WITH REFERENCE  Name and address Designation						TISEMENT (AS ON 0				11) ation	
of the employe			Job profile		<u>'</u>	From		л То	Yrs	Mths	
						11011	_	10	113	With	
9. PARTICULARS	OF EXAMIN	ATION F	EE:								
Name of the Drawee Bank / Post Office				lo. of D D / India Postal Order/s		Date of D D / Indian Postal Order/s		an Amo	Amount (Rs.)		
10. POSTAL ADDRESS:  (IN ENGLISH AND  IN CAPITAL LETTERS  WITH PIN CODE NO. –  DO NOT WRITE YOUR											
NAME)											
				ddress, if	any	<b>'.</b>					
Telephone No. (with STD code)/Mobile No.:  I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that any information given in this application is false/incorrect or that I do not satisfy the eligibility criteria according to the Board, my candidature / appointment is liable to be cancelled/terminated. I have read and understood the stipulations given in the advertisement and hereby undertake to abide by them											
PLACE:							(Si	gnature	of the A	oplicant)	
DATE:					Name:						
Very important points to be noted by the candidates: (i) Candidates must complete the application in all respects including pasting of photograph and enclose copies of relevant certificates. (ii) Incomplete applications in any respect will be rejected and no											