

**Bihar RajyaJEEViKA NIDHI Credit Coopertaive Union Limited,
Patna (JEEViKA NIDHI)**

Application Form

(To be filled by the Officer, JEEViKA NIDHI/JEEViKA)

Registration No

(To be filled by the candidate in CAPITAL LETTERS)

1. Post Applying For*		(i) Please _____ paste onepassport-size photo 3x4” and
2. Date of Walk-in-Interview		
3. Name of the Candidate (As in 10 th Certificate) *		(ii) Attach _____ one colorphotowith _____ the application form)

Personal Details

4. Category (UR/EWS/MBC/BC/EBC/SC/ST/BC (F))					
4a. Do you claim for reservation (Yes/No)		4b. If Yes, Submission of Non-Creamy Layer Certificate (Yes/No)		4c. Xerox Copy submitted (Yes/No)	
5. Do you claim for reservation against persons with disability (PWD) (Yes/No)		5a. If Yes, Percentage of disability		5b. Xerox Copy submitted (Yes/No)	
6. Sex (Male/Female)					
7. Name of Father (As in 10 th Certificate) /Husband					
8. Name of Mother					
9. Date of Birth (DD/MM/YYYY)					
9a. Age (As on 01.04.2024)	Years		Months		Day
10. Resident of Bihar (Yes/No)					Xerox copy attached (Yes/No)

10.a. If Yes
(Please mention Domicile Certificate
No. & Date issued by CO/SDO/DM)

10.b. If Yes
(Caste Certificate issued by
SDO/DM)

11. Proof of Identification
(Voter ID/ Aadhar Card/
DL /PAN/Passport or any
other proof issued by
Govt.)

12. PAN No (If available)

13. Email Id

14. Mobile No

15. Permanent Address:-

16. Correspondence Address: -

17. Details of Academic & Professional Qualification

Qualification	Name of Board/ University/Institution	Specialization (If Any)	Passing Date (DD-MM-YY)	Marks			
				Full Marks	Marks Secured	%	Xerox Copy Submitted (Yes/No)

18. Details of work Experience (If any)

S.N.	Name of Employer	Designation	From	To	Total experience in month	Xerox Copy Submitted (Yes/No)

19. For Reference Check (Please provide the following details)

1) Name & Designation :		2) Name & Designation :	
Mobile No.:		Mobile No.:	
Email ID:		Email ID:	

20. Declaration by the candidate

I hereby declare that all the above information and documents submitted are correct. I understand that in the event of any information being found suppressed/false or incorrect or any ineligibility being detected before or after joining, my Candidature/ appointment is liable to be cancelled and legal action may be taken against me.

Name & Signature of the candidate

Date:

21. (To be filled by Document Verification Team, BRLPS)

19.a Remarks on Academic & Professional Qualification

19.b. Remarks on Working Experience (if any)

**22. Status of Document Verification
(To be filled by Document Verification Team)**

Qualified/Conditionally Cleared/Disqualified:

Any other remarks:

Name & Signature of Document Verification Team

Date