

BIO-DATA

(TO BE FILLED BY INDIVIDUAL)

SELF ATTESTED PP
SIZE PHOTO

1. NAME:.....
2. FATHER'S NAME:.....
3. HOME ADDRESS.....
..... (Attached as proof)
4. DATE OF BIRTH: AGE: (Attached as proof)
5. EDUCATIONAL QUALIFICATION:
..... (Attached as proof)
6. HEIGHT: WEIGHT:
7. MEDICALLY FIT CERTIFICATE ISSUED BY Dr. (NAME):
..... (Report is attached)
8. BANK A/C NO.: OF BANK.

**LEFT & RIGHT HAND THUMB IMPRESSION
OF THE CARETAKER**

SIGNATURE OF THE CARETAKER

(TO BE FILLED BY AGENCY: ALL PROOF DOCUMENTS HAS TO BE COUNTERSIGNED)

9. ATM SITE NAME DATE OF DEPLOYMENT:
10. EMPLOYEE CODE (AS ALLOTTED BY AGENCY IN AGENCY ID CARD)
11. ATM DISTANCE FROM HOME ADDRESS AS PROVIDED: KM.
12. POLICE VERIFICATION REPORT ISSUED FROM P.S. ON
..... (Report is attached)

COUNTER SIGNATURE BY THE AGENCY & STAMP BANK