INDEMNITY BOND

(To be executed on non judicial stamp paper of Rs 200/-)

THIS DEED OF INDEMNITY	is made on this		day
of	(month)	(Year)	by,
I, Sri/Smt/Miss		S/c	0,
W/o, D/o	aged_	years	R/o
Taluka	District		_
State	to the Managing Director, Tripura	State Coopera	ıtive
	nctioning under the Tripura State Coo Agartala, Tripura, hereinafter called the	1	eties
	elected as and I	_	

- 2. WHEREAS one of the terms of selection is that, the candidate selected for the post of Officer /CCGC/MTS shall have to execute an Indemnity Bond binding him/her to pay a lump sum of Rs 2,00,000/- (Rupees Two Lakh) for General Category / Rs 1,00,000/- (Rupees One Lakh) only for SC/ST category (Strike out whichever is applicable) to the Bank if he wish to leave the Bank during the period of 03 years on his/her own accord which is in addition to provisions of Tripura Sate Cooperative Bank Service Rules 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.
 - B. WHEREAS in the event of leaving the Bank for any reason/resigning from the services by me within the period of 03 years on my own accord/wish, I hereby agree to indemnify the lump sum amount of Rs 2,00,000/- (Rupees Two Lakh) for General Category or Rs 1,00,000/- (Rupees One Lakh) only for SC/ST category (Strike out whichever is applicable) to the Bank.
 - C. WHEREAS I shall have no right to fix or reduce the period fixed by the Bank.
 - D. WHEREAS the Bank has liberty to terminate me from the service during the period for any reasons after giving one month's notice or pay in lieu thereof by invoking the Service Rules of the Bank.

- E. 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 Tripura Sate Cooperative Bank Service Rules.
- F. WHEREAS I hereby agree to serve the Bank faithfully to fulfill the terms of the Bank, adhering to all applicable laws, regulations, Tripura State Cooperative Bank Service Rules and policies maintaining the highest standards of integrity and professionalism, safeguarding confidential information and executing my duties with diligence, honesty and transparency.

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

IDEMNIFIER

			IDEMINITI
Witness	:		
1) _		(Signature).	
N	Tame and address:		
		Contact No.	
2) _		(Signature).	
N	Tame and address:		
		Contact No.	



TRIPURA STATE COOPERATIVE BANK LTD. (A SCHEDULED BANK)

HEAD OFFICE: AGARTALA-799001

ATTESTATION FORM Warning

To be filled in by the candidate in his/he 3 copies (1 original + 2 xerox copies). I before filling up this form.		_			Please rece Size sign	;			
Roll Number :									
			PA	AN NO).:				
Name of the Post :			Ad	har No	.:				
1.Name in full [In Block letters]:									
2.Date of Birth and Age :	Da	y N	Ionth	Ye	ear	Age			
3.Place of Birth :									
4. Native Place :			Villa	ige :					
District:			St	tate:					
5. Father's / Husband's Name (Strike out which is not applicable)	:								
6. Nationality	:	: Religion:							
7. Category									
:	SC	ST G	EN	Per Di		Ex- service			
[Please tick whichever is Applicable]				OC	HI	VI	Man		
8. a] Permanent Address [in block letters]		b] Com	b] Communication Address [in block letters]						
Pin:					Pin	.•			
Res:			Res;		1 111				
Phone Cell:		Phone	Cell:						
e-mail address:		e-mail	address	s:					
		•							

9. 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] An Ex-Servicemen / Disabled Ex-Servicemen : YES / NO

If YES, No. of years of service put in Defence Services, date of discharge:

with reasons

D] Orthopaedically Disabled : YES / NO

If YES, furnish % of disability

E] Visually Disabled : YES / NO

If YES, furnish % of disability

F] Hearing Impaired : 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 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 necessarily be produced.

10 Marital Status:

[Single / Married / Widowed / Divorced / Legally Separated]

11. State the number of persons, who are dependent on you for support [Parents, Wife / Husband, Children, Brothers/Sisters, Others]

Name of dependent	Age	Relationship	Occupation	Income

12. Educational Qualification:

[Full particulars from X Std onwards to be given. If space is not sufficient furnish in annex ure]

urej							
Certificate/ Degree / Dipl oma	School / Colle	Period From	Principal &	No. of attem pts	&	% age marks obtain ed	Prizes / Scholarship s & other distinctions obtained if
obtained	ge /	 To	Optional				any
X STD	Bengali /Kakbo	orok as one	e of the subjects in	X Std :	YES	/ NC	
HS (+2)							
Graduation (Indicate name of the degree):							
1)							
2)							
P G (Indicate name of the PG Degree):							
1)							
2)							
Computer Course.							
Others if any (Indicate name of the course):							

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

13. Details of Computer course/knowledge

Please mark the discipline

14. Work experience:

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

Name and	Job title /	Period of I	Employment	Calamy	Inh matuus	Reasons
address of the employer	Designation	From	То	Salary	Job nature	for leaving

	-		
5	าลไ	Mother Tongue	
IJ	a	I MIOUICI I OIIguc	

b] Languages Known : To Speak :

To Read:

To Write:

16. Particulars of participation in Sports, : Athletics, Scouts, NCC, Debates, Dramas or other Extra-Curricular activities in School, Collegeand Elsewhere.

17. Hobbies and other interests

- 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/nstitution 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

- 19 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 taken 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.
- 20. Please furnish Name, Occupation and address of TWO respectable persons, NOT related to you, to be given as reference

1] Name : 1] Name : Occupation : Occupation : Address : Address :

- In case you have accepted, how soon you can join:
- 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) VIII Std or any level above VIIIth Std examination mark sheet in support of local language proficiency i.e. Bengali/ Kokborok.
- c) Self Attested copy of school leaving certificate or any other document as proof of age acceptable to the Bank.
- d) 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.
- e) Certificate regarding graduation / post-graduation /Computer Course/ other examinations passed.
- f) Caste certificate issued by the Competent Authority in the prescribed format as per the proforma enclosed in the case of SC/ST candidates.
- g) 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.
- h) Service/Discharge certificate issued by the Competent Authority in the case of Exservicemen.
- i) Experience Certificate/s from the employer/s regarding present and previous employment.
- j) Photo identity proof such as PAN Card/Passport/Driving License/Voters Card/Bank pass book with photograph/Photo identity proof issued by a Gazetted Officer/Identity card issued by a recognized College/University/Adhar Card with photograph/Employee ID.
- k) Testimonials regarding proficiency in Curricular/Extra-curricular activities, if any.

B. ORIGINAL CERTIFICATES /DOCUMENTS:

- No Objection Certificate from the employer in the case of candidates working.
 Character certificate from two respectable persons not related to you, obtained on a recent date.
 Caste Certificate issued by the Competent Authority.

Designation

Date

Signature

Office Address

4. Printo	ut	of o	nline	appli	catio	ı sul	mit	ted	wi	ith 1	rec	ece	nt j	pas	spo	ort	size	ph	ot	ogı	rap)h a	aff	ixe	d on	ı it.		
I,statemes understo of the incorrect selected	nts ood sta et a	are d tl tem at a	e true hat e nents later	, cor mplo mad date	nplet oyme e hei , my	e an nt, ein app	d co if a and oin	orre any l in tme	ect ', 'd thent	an offene of is	nd fer ev s li	al rec ver iat	lso d t nt o ble	thato of to	at i me any be	no e i y i	faci s b nfoi rmi	ts l as rm na	nav ed ati teo	ve u on d.	be ipo i b I	een on eir fui	th ng rth	upp ne for	ores trut und	sec hft fa	d. I ulno llse	t is ess or
DATE		:																										
PLACE		:															SIG	SN/	ΑT	UR	₹E	OF	: TI	HE	CAN	۱D	IDA	TE
								FO	OR	RO)F	FI	[C]	ΕU	JSI	E												
Certific Name					d by		:																					

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

1.	. Name of the Candidate	
2.	. Designation held in the Institution/Company	
3.	Period of which he/she was employed in your company/firm/department	
4.	. 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 the previous employer/s	
7.	. Whether there is anything in his/her past may render him unsuitable for service in the Bank	
8.	. Is the candidate related you	
[Date : Signature	of the Head Of the Institution with seal

Name:

Mobile No.:

IDENTITY CERTIFICATE

(Certificate to be signed by any one of the following)

- i) Gazetted Officers of Central or State Government.
- ii) Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/guardian is originally resident.
- iii) Sub-divisional Magistrate/Officers.
- iv) Tahashilder or Naib/ Deputy Tahashilder authorized to exercise Magisterial powers/ Principal/ Headmaster of the recognized School/ College/ Institution where the candidate studied last.
- v) Block Development Officer.
- vi) Post-Masters.
- vii) Panchayat Inspector

Certified that I	have known	Mr./Mrs./Mi	ss								Son/
Daughter/Wife of	Shri/Smt./	Late.							_for	the	last
years		months and	that to	the	best	of	my	knowledge	and	belie	f the
particulars furnished	d by him are	correct.									
7.1							~•				
Place:							Sig	nature			
Date:							Na	me			
							De	signation			
							Sea	al			

TO BE FILLED BY THE OFFICE

- i) Name, Designation and full address of the appointing authority.
- ii) Post for which the candidate is being considered.

Medical Fitness Certificate

1	Name	:	
2	Height	:	
3	Weight	:	
4	Sex	:	
5	Age	:	
6	Blood Group	:	
7	By appearance		
	a. Is his/her vision Normal	:	Yes/No
	b. If not does he/she wear spectacles	:	Yes/No
8	Does he/she suffer/suffered from the following		
	a. Any chronic & contagious disease	:	Yes/No
	b. Color Blindness	:	Yes/No
	c. Muteness and/or deafness	:	Yes/No
9	Has he/she got any apparent physical defects	:	Yes/No
	a. If Yes, describe 1) Upper Limbs 2) Lower Limbs 3) Any other part of the body (with details)	:	
10	Will any of the defects (if any) as shown in the clause 8 and/or clause 9 above come in the way of his/her normal functions like		
	a. Conversing	:	Yes/No
	b. Walking	:	Yes/No
	c. Hearing	:	Yes/No
diseas	byment in the Tripura State Cooperativese (communicable or otherwise) communicable or otherwise).	ve] ons con td.	ri/Smt a candidate Bank Ltd. and cannot discover that he/she has any titutional weakness or bodily infirmity except asider this as a disqualification for employment in the His/her age is according to his/her own statement nceyears.
Date:			Signature: Designation:

CHARACTER CERTIFICATE

Certified that I have	known Mr./Mrs./Miss				
Son/Daughter of Sri/Smt./Late.	for the last				
years	months and that to the best of my knowledge and belief he/she				
bears reputable character and has	no antecedent which render his/her unsuitable for Employment in				
Tripura State Cooperative Bank Ltd	d.				
Mr./Mrs./Miss.	:/Mrs./Missis not related to me.				
Place:					
Date:	Signature and Designation				
<u>(</u>	CHARACTER CERTIFICATE				
Certified that I have	known Mr./Mrs./Miss				
	for the last				
years	months and that to the best of my knowledge and belief he/she				
bears reputable character and has	no antecedent which render his/her unsuitable for Employment in				
Tripura State Cooperative Bank Lt	d.				
Mr./Mrs./Miss.	is not related to me.				
Place:					
Date:	Signature and Designation				
FORM OF OAT	H OF ALLEGIANCE FOR INDIAN NATION				
I Mr./Mrs./Miss	do swear/solemnly affirm that I				
will be faithful and bear true allegia	ance to India and to that Constitution of India as by law established				
and that I will carry out the duties	of my office loyally.				
Place:					
Date:	Signature				

DECLARATION

Declaration of Assets and Liabilities

1. Personal Info	ormation:				
Name:					
Address:					
Contact I	Details:				
2. Details of Im	movable l	Property: (Inherited, own	ned, acquired, le	ased, or mo	ortgaged)
Property Type	Location	Ownership Status	Date of Acquisition	Approx. Value	Held in Own Name or Family Member's Name
House/Land/Flat	City/State	Owned/Leased/Mortgaged	DD/MM/YYYY	₹	Self/Spouse/Child/Othe
House/Land/Flat	City/State	Owned/Leased/Mortgaged	DD/MM/YYYY	₹	Self/Spouse/Child/Othe

3. Additional Details:

- Any Encumbrances (Loans/Mortgages):
- Deposits in Banks/Cooperative Banks/Post Office/NBFCs:
- Share/Mutual funds/Crypto-Currency etc.:
- Any others:

I hereby declare that the above particulars regarding assets and liabilities are true and correct to the best of my knowledge and belief."

Place:	Signature

ACCEPTANCE LETTER TO BE CONFIRMED TO HEAD OFFICE

email:
Ltd., nuhani,
entioned in the letter as communicated to me vide letter dated