

**JOINING REPORT – CUM - DECLARATION:**

1. Received the original letter of appointment on \_\_\_\_\_.\_\_\_\_.2024.
2. I have read and understood the terms and conditions set out herein and hereby agree the said terms and conditions of appointment.
3. I undertake to carry out all instructions given to me by the Bank and also to serve at any office of the Bank to which I may be transferred temporarily or permanently
4. In terms of the above appointment Order, I am reporting for duty as Staff Assistant on \_\_\_\_\_.

Signature:

Name:

Place

Date:

**FORM - A**

(Declaration to be bound by the Service Conditions of employees)

*Place:*

*Date:*

I hereby declare that I have read and understood the service regulations relating to the service conditions of the employees of **The Andhra Pradesh State Co-operative Bank Ltd., Vijayawada** and I hereby subscribe and agree to be bound by the said regulations and those that may be framed from time to time henceforth.

*Name in full* :

*Nature of appointment:*

*Date of appointment* :

*Signature* :

*Witness (Name & Sign):*

**FORM – B**

**DECLARATION OF SECRECY**

I, the undersigned, a member of the establishment of **The Andhra Pradesh State Co-operative Bank Ltd., Vijayawada** hereby declare that I shall regard as strictly confidential and by no means direct or indirect, reveal to any person or persons whatever information concerning the affairs of the bank or of any dealings of the Bank that have come to my notice and possession in my official capacity or otherwise, unless compelled to do so by or under any Law for the time being in force or instructed by the Bank to do so in the discharge of my duties.

Name:

Designation:

**FORM - C**  
**ATTESTATION FORM**

Furnishing of false information or suppression of any factual information in the attestation form would be a disqualification and is likely to render the candidate ineligible 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 any time during the service of a person, his services would be liable to be terminated.



1	Name in Full (in BLOCK letters) aliases, if any. (please indicate if you have added or dropped at any stage any part of your name or surname)	
2	Present Address in Full	Phone # _____ Cell # _____ e-mail :
3	Permanent address in Full	Phone # _____ Cell # _____
4.1	Father's name in full with alias, if any:	
	(a) Present postal address: <i>(If dead, give last address)</i>	
	(b) Permanent Home address:	Phone # _____
	(c) Profession	

	(d) If in service, give designation and office address.	
4.2	(a) Spouse's name in full	
	(b) Profession	
	(c) Designation and office address	
5	Nationality of	
	a) Father	
	b) Mother	
	c) Husband/Wife	
6	Date of birth (as per Matriculation / SSC Certificate)	
	Age	
	Place of Birth (District also)	
7	District & State to which you belong	
8	a) Your religion	:
	b) Do you belong to SC/ST/BC (A/B/C/D/E)?	:
	State the name of Category & Caste	
	c) Do you belong to Physically Challenged (PC-VI, HI) / Ex-Serviceman / Widow?	:

9. Educational Qualifications showing place of education with years in schools and Colleges from SSC or its equivalent:

Name of School / College with full address	Date of entering	Date of leaving	Examination Passed	Year of passing

10. If you have, at any time, been employed, give details.

Designation of post held or description of work	Period		Full address of the Office or Institute	Reasons for leaving the job
	From	To		

11. Have you ever been arrested or kept under detention or bound down/fined/convicted by a court of Law for any offence, or debarred/disqualified by the Public Service Commission from appearing at its examinations selections or debarred from taking any examination or rusticated by any authority/institution?

If answer is "Yes" full particulars of the case, detention, fine, conviction, sentence etc., should be given.

### DECLARATION

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. I have/will 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.

Place:

SIGNATURE OF THE EMPLOYEE

Date:

**FORM – D**  
**MEDICAL CERTIFICATE**  
**CERTIFICATE OF PHYSICAL FITNESS**

I have carefully examined Mr./Mrs./Ms. \_\_\_\_\_ a candidate for employment in "The A P State Co-operative Bank Ltd., Vijayawada" service as STAFF ASSISTANT and cannot discover that he/she has any disease communicable or other-wise constitutionally affliction or bodily infirmity except that his/her weight is in excess/below of the standard prescribed or except \_\_\_\_\_.

(I do not consider this a disqualification for the employment he/she seeks)

We do further certify that in our opinion his/her general physical condition is such as to enable him/her to perform efficiently the active duties and executive service.

His/her age is according to his/her own statement \_\_\_\_\_ and by appearance about \_\_\_\_\_. I also certify that he/she has marks of small pox vaccination.

On Chest measurement in Cms.

On full inspiration:

On full expiration :

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ his/her vision is normal  
\_\_\_\_\_ Hypoermetriphic \_\_\_\_\_.

*(Here enter the degree or defect and the strength of correction glasses)*

Myopic \_\_\_\_\_

*(Enter the degree of defect and the strength of correction glasses)*

Astigmatic (Simple or mixed) \_\_\_\_\_

*(Enter the degree of defect and the strength of correction glasses)*

**Hearing** is normal defective (much or slight)

**Urine:** Does chemical examination show (i) Albumin ii) Sugar state (specific gravity).

**Personal Identification marks:**

1.

2.

Signature of the Medical Officer with seal

## AGREEMENT OF BOND

(to be executed on Rs.100/- Non-judicial Stamp Paper or Stamped )

This bond of service is executed on this the \_\_\_\_ day of \_\_\_\_\_ 2024 at Vijayawada, by

Mr./Mrs./Ms. \_\_\_\_\_ S/o. / D/o. / W/o.  
\_\_\_\_\_, aged \_\_\_\_ years, Occ: \_\_\_\_\_,  
R/o. \_\_\_\_\_  
\_\_\_\_\_ hereinafter called the "Employee".

### **In favour of**

The Andhra Pradesh State Co-operative Bank Limited, having its registered office at HO, D No: 27-29-28, NTR Sahakara Bhavan, Governorpet, Vijayawada-520 002, hereinafter called the "Bank".

Whereas the Bank had issued notification dated 07.10.2023 calling for the applications from eligible candidates for appointment as Staff Assistant in the Bank;

Whereas the Employee had applied for the post of **Staff Assistant** and having qualified in the written examination was selected for the said post of **Staff Assistant**.



Whereas the Bank had issued an appointment order to the Employee vide proceedings No. \_\_\_\_\_, date \_\_\_\_\_, appointing the employee as **Staff Assistant**.

And whereas in terms of the said appointment letter and as per clause No.19 (or as modified) of the said notification inviting the applications, the Employee is required to execute a Service Bond undertaking to serve the Bank at least for a minimum period of 3 (three) years continuously.

**NOW THIS BOND OF SERVICE WITNESSETH AS FOLLOWS:**

1. That the Employee hereby undertakes to serve the Bank for a period of 3 years continuously from the date of joining the service of the Bank.
2. That the Employee hereby undertakes not to leave the organization before the completion of the said period of 3 years.
3. That in case the Employees leaves the organization before the completion of the 3 years period of service from the date of joining the service in the Bank or discontinues the job for any reason or reasons whatsoever, the Employee hereby undertakes to compensate the Bank by paying an amount of Rs. 3,00,000/- (Rupees Three lakh only)
4. That the Employee hereby agrees that in case he fails to pay the above compensation/amount agreed in the event of leaving the organization or discontinuing the service in the Bank, the Bank is free to take any legal action that it may deem fit and appropriate to recover the said amounts and the Employee hereby agrees not to object for the action initiated by the Bank against him/her.

This Service Bond is given under the free will and consent of the Employee and without any duress from the Bank.

In witness whereof, the Employee herein puts his hand into this Bond on the date, month and year aforementioned in token of acceptance of the above terms and in the presence of the following witnesses:

Signature:

Employee Name & Address:

**Witnesses:**

1.

2.

**FORM - E**  
**THE A.P. STATE CO-OPERATIVE BANK LTD., VIJAYAWADA**  
**NOMINATION**

I, \_\_\_\_\_ S/o.D/o.W/o \_\_\_\_\_ an employee of The A.P. State Co-operative Bank Ltd., Vijayawada, do hereby nominate the following as the person/persons to whom any amounts payable to me by the Bank, under Gratuity, Leave encashment, Salary, Bonus, OT Wages, Security Deposit, PF, NPS amount, Insurance amount and any other amounts, in the event of my death or incapacitation, shall be paid to the extent of share mentioned against each nominee and the receipts given by the nominee/nominees herein mentioned shall be full and valid acquaintance to the Bank in respect of dues payable to me.

Name and address of the nominee (s)	Relationship with the Employee	Age	Amount of share %	If nominee is minor	
				Date of Birth	Name and address of Guardian who may receive the said benefits on behalf of the beneficiary during the nominee's minority.
( 1 )	(2)	(3)	(4)	(5)	(6)

As witness hereof my hand this \_\_\_\_\_ day of \_\_\_\_\_ 2024.

Signature:  
Name of Employee:  
Designation:  
Emp. Code:

**Witness 1**

Signature:  
Name & Address of the Witness:

**Witness 2**

Signature:  
Name & Address of the Witness:

**For Office Use**

Certified that the particulars of above nomination have been recorded in the Bank.

**ASST. GENERAL MANAGER (HRMD)**