**JOINING REPORT – CUM - DECLARATION:**

1. Received the original letter of appointment as Cooperative Intern for a period of one (01) Year on \_\_\_.\_\_\_.2024.
2. I have read and understood the terms and conditions set out herein and hereby agree the said terms and conditions of Cooperative internship.
3. I undertake to carry out all instructions given to me by the Bank and also to serve at any office of the Bank.
4. In terms of the above appointment Order, I am reporting for duty as Cooperative Intern for a period of one (01) Year on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature:

Name:

Place:

Date:

**F O R M – A**

**DECLARATION OF SECRECY**

I, the undersigned, a Co-operative Intern selected for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a period of one (01) year, 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.

Signature:

Name:

Place:

Date:

**FORM - B**

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 as Cooperative Intern 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.  Photo to be affixed and signed on it |

|  |  |  |
| --- | --- | --- |
| 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:  (If dead, give last address) |  |
| (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   1. Father 2. Mother 3. 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.

D E C L A R A T I O N

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 candidature as Cooperative Intern 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 :

Date:

AGREEMENT OF BOND

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

This bond of Contractual 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 “Co-operative Intern”.

**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 24.07.2024 calling for the applications from eligible candidates for appointment as Cooperative Intern for a period of one (01) year in the Bank;

Whereas the candidate had applied for the post **Cooperative Intern** and was selected for the said post of **Cooperative Intern for a period of one (01) year**.

Whereas the Bank had issued an appointment order to the candidate vide proceedings No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, dated \_\_\_\_\_\_\_\_\_\_, appointing him/her as **Cooperative Intern for a period of one (01) year**.

And whereas in terms of the said appointment letter and said notification inviting the applications, the Cooperative Intern is required to execute a Service Bond undertaking to serve the Bank for a maximum period of 1 (one) year from the date of Joining the Bank.

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

1. That the Cooperative Intern hereby undertakes to serve the for a maximum period of 1 (one) year from the date of Joining the Bank.
2. That the Cooperative Intern hereby undertakes not to leave the organization before the completion of the said period of one (01) year.
3. That in case the Cooperative Intern leaves the organization before the completion of the one (01) year period of service from the date of joining in the Bank or discontinues the job for any reason or reasons whatsoever, the Cooperative Intern hereby undertakes to compensate the Bank by paying an amount of Rs. 15,000/- (Rupees Fifteen Thousand only) and the Cooperative Intern hereby agrees not to object for the action initiated by the Bank against him/her.

The Cooperative Intern shall discharge following roles and duties:

1. The Cooperative Intern shall be associated with PACS Development Cell (PDC) in the respective Bank. The Intern shall coordinate with PACS and other primary cooperatives and provide necessary guidance for the implementation of initiatives taken by Ministry of Cooperation, GoI.
2. The Cooperative Intern shall be responsible for solving day to day problems faced by PACS in computerization, preparation of business plans, projects, financing issues, various approvals, etc.
3. The Cooperative Intern shall prepare and share weekly status report of the implementation of initiatives taken by Ministry of Cooperation in coordination with DCCB/StCB.

**Terms and Conditions:**

1. The Internship may be terminated with one (01) month notice from either side.
2. The original certificates deposited by the candidate will be released after the expiry of the one (01) Year contract period or as and when the candidate wishes to resign or at the time of termination of Internship.
3. The internship program is neither an employment nor an assurance of an employment with the Bank or organizations associated with the Bank and no intern shall have any right or claim for an appointment with Banks by virtue of this appointment.
4. The internship may be discontinued any time without payment of any financial benefit if the performance of the intern is not found satisfactory or the intern is absent without authorization of the Bank.
5. The Cooperative Intern shall be required to maintain confidentiality of all the documents/reports and/or any information received by him/her during the period of engagement, violation of which would entail legal consequences. The Interns will not reveal to any person or organization any information relating to Bank, its business plan and policies which are not available in the public domain.
6. The Cooperative Intern shall follow the rules and regulations of the concerned DCCB/APCOB.
7. No Cooperative Intern shall interact with or represent the Bank to the media (print and/or electronic) including social media including face book/twitter handles, etc. They will not post their work on social media without express permission from the competent authority.
8. Cooperative Intern shall conduct themselves professionally in their relationship with the Bank and the public in general.
9. At any stage, if it is found that the candidate has furnished false or incorrect information, then the candidature is liable for cancellation of engagement.
10. Cooperative Intern may avail 10 days Casual Leave (CL) per year and no other leaves will be granted. Leaves other than CL shall be granted as "Leave without remuneration". Holidays may be available to the interns as applicable to the respective organization in which he/she is posted.
11. Any violation of above terms and conditions will result in termination from service without any notice.

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

In witness whereof, the Cooperative Intern 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:

Cooperative Intern Name & Address:

**Witnesses:**

1.

2.

**FORM – C**

**MEDICAL CERTIFICATE**

CERTIFICATE OF PHYSICAL FITNESS

I have carefully examined Mr./Mrs./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a candidate for appointment as Cooperative Intern for a period of one (01) Year in ----------------------------- as Cooperative Intern 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 appointment as Cooperative Intern 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 \_\_\_\_\_\_\_\_\_\_\_\_ Hyoermetriphic \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(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