

**ANDHRA PRAGATHI GRAMEENA BANK
HEAD OFFICE :: KADAPA
PERSONNEL & HRD DEPARTMENT**

Date: 20.03.2017

INSTRUCTIONS TO THE CANDIDATES

1. Candidates are advised to send acceptance letter by FAX to Phone Nos. **08562-259017/244169/259857/259016.**
2. The requirements to be submitted as per checklist enclosed (S. No. 1 to 33) are furnished in website. The candidates are advised to follow the instructions given in the Appointment Order and submit the formats duly downloading from Bank's website along with all requirements without fail while reporting on 11.04.2017/12.04.17.
3. Revised Attestation forms, Character and conduct certificate shall be obtained from the different Gazetted Officers.
4. Details of referee-1 & 2 in revised attestation forms shall be noted clearly and two sets of self-attested ID proofs like-AADHAAR CARD, PAN CARD, VOTER ID, PASSPORT etc, pertaining to referee-I and referee-II shall be submitted.
5. Fitness certificate shall be obtained from the Government Doctor not below the rank of Assistant Civil Surgeon, acceptable to the Bank as per the prescribed format.
6. Submit 4 sets of attested Xerox copies of certificates of Educational qualification and study certificates.
7. If the monthly income of family members/dependents exceeds Rs.10000/- or members who are not residing with the employee/officer shall not be treated as wholly dependent of the staff member. Brothers & Sisters of the candidate will not be treated as dependents unless they have more than 40% disability.
8. Caste Certificate, Residence Certificate and PWD Certificate obtained on or after **01.09.2016** shall be submitted in the prescribed proforma only.
9. While preparing the Notarised Agreement, the subject matter shall be typed neatly on a Non Judicial stamp paper of Rs.100/-.
10. Agreement not in order in any respect are liable to be rejected.
11. Both employee and Guarantor shall sign at the bottom of every page of the agreement as indicated in the specimen.
12. Guarantor shall be a person who is not directly related to the employee. He shall be capable to discharge his liability in case of contingency. Students, Minors & House wives are not accepted as Guarantor.
13. The agreement shall be signed by a Guarantor, witnessed by two persons and shall be notarized.
14. Name, occupation and full address of the Guarantor, Witness-I & II shall be furnished clearly in the Agreement.
15. Two self attested ID Proofs like-AADHAAR CARD, PAN CARD, VOTER ID, PASSPORT etc, pertaining to Self, Guarantor, Witness-I & Witness-II shall be submitted.
16. For the persons who stand as Guarantor - Proof of income & Assets of Guarantor like salary certificate along with employment ID/ income certificate along with evidences for having assets in the name of Guarantor shall be submitted.
17. Biometric verification in respect of Officer Scale II will be conducted on 12.04.17 and Biometric verification and proficiency in local language in respect of Officer Scale I will be conducted on 11.04.17, and failure of identity and proficiency in local language will forfeit their appointment.

ACCEPTANCE LETTER OF THE CANDIDATE

I acknowledge the receipt of your Offer of Appointment to the post of _____ vide Ref. No. _____, dated _____.

I have read and completely understood the terms and conditions of my appointment as set out in the offer of appointment issued to me. I agree to abide and be bound by the terms and conditions mentioned in the aforesaid offer of appointment and I accept the same.

I hereby confirm that I will be reporting for certificate verification/biometric verification at (venue), on _____ along with all the enclosures/certificates/requirements.

Place :

Date :

Signature of the Candidate

(Name: _____)

(TO BE SENT BY FAX TO 08562-259017/244169/259857/259016.ON OR BEFORE 06.04.2017)

CHECK LIST FOR DIRECTLY RECRUITED OFFICER (SCALE – I / II)

REPORTING FOR CERTIFICATE VERIFICATION ON _____ (DATE)

NAME:		CATEGORY: SC / ST / OBC / GEN / EXS / PH	
S.NO.	PARTICULARS	Submitted (√)/ Not submitted(x)	Remarks, if any (for HO use)
01	Appointment letter duly signed		
02	Printouts of call letter for CWE – IV online examination/Interview and provisional allotment letter from IBPS, Mumbai		
03	Bio-data (2 copies)		
04	Schedule-I		
05	Schedule-II		
06	Schedule-III		
07	Schedule-IV		
08	Details of loans outstanding at/availed from Banks/ Financial Inst.		
09	Staff Benevolent Fund Authorisation Form		
10	GSLIS Authorisation Letter		
11	EPF Nomination Form		
12	EPF - Form – 11 along with IDs		
13	Fitness Certificate (from not below the rank of Asst. Civil Surgeon)		
14	Testimonials (one from previous college)		
15	Character & Conduct Certificate-(any Gazetted officer)		
16	Residence certificate (from Thahasildar)		
17	Revised Attestation forms (2) attested by Gezetterd Officer in last page		
18	Personal Inventory along with 5 photos (3 copies)		
19	Agreement (Notarized)		
20	Assets & liabilities statement		
21	Income Certificate in the name of Parent(from Thahasildar)		
22	Caste Certificate (from Thahasildar)		
23	Creamy layer Declaration in case of OBC		
24	Relieving Letter & Original Experience Certificate from previous employer/Declaration.		
25	Discharge Certificate in case of Ex-Servicemen		
26	Two sets of ID Proofs of Referee-I & Referee-II (Revised Attestation form)		
27	Two ID Proofs of SELF, Guarantor, Witness I & II (Agreement)		
28	Disability Certificate in case of VI /HI/OC from Medical Board		
29	IBPS Declaration		
30	Application for Photo ID		
31	I T Policy Declaration		
32	Study Certificates from SSC onwards (4 sets)		
33	Attested Xerox copies of Educational/Technical Qualifications submitted (4 sets)	a)SSC b)Intermediate c) d)	a)SSC b)Intermediate c) d)

34. Any Other Information:

Signature of the Candidate

REMARKS OF HEAD OFFICE:

All the documents are verified by me and are found in order.

OFFICER

Emp. No:

CHIEF MANAGER

BIO DATA

Employee No.		Phone/Mobile Number
Cadre/Designation:		1)
Date of joining in the Bank		2)

I. Full name of the Officer/Employee :
(in block letters)

Father's name & Occupation :

Husband's /wife's name and occupation :
(if employed, give the particulars of his/her designation, present place of working and the address of the employer)

Permanent address :

Identification Marks : 1.
2.

Date of Birth : _____
(In words: _____).

Age as on joining of the Bank : _____ Years _____ Months.

Place of Domicile :

Native Place : _____ Village/Town
_____ Mandal _____ Dist

Religion :

Caste (mention sub caste also) :

Whether belongs to **SC/ST/OBC** :

Whether Physically Challenged/ ex- serviceman:

II. QUALIFICATIONS:

Educational qualifications :

Technical qualifications :

Languages known: Can Read _____

Can write _____

Can speak _____

Previous experience before joining the Bank :

III. Marital Status :

VI. Particulars of wholly dependents:

S. No.	Name	Age	Relation	Immovable Assets in the name of dependent, if any*	Independent Annual Income of the Dependent, if any.

*Give details of immovable assets held in the name of the dependent, if any.

Note: If the monthly income of a family member/dependent exceeds Rs.3500/- he shall not be treated as wholly dependent of the staff member.

V. Assets that are standing in my name.

S.No.	Particulars of Immovable Assets	Value

VI. Special aptitude :

I certify that the particulars given above are true and correct.

Place: KADAPA

Signature of the Officer/Employee

Date:

SCHEDULE – I

[See regulation 5(4) (ii)]

DECLARATION OF MARITAL STATUS

I, Shri/Smt/Kum _____ (Name in full)

S/o/W/o/D/o _____ declare as under:

- (i) That I am unmarried/a widower/widow
- (ii) That I am married and have only one spouse living
- (iii) That I have entered into or contracted a marriage with a person having a spouse living. I may be granted exemption based on ground given below. Application for grant of exemption is enclosed.

Ground:

I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Place: KADAPA

Date:

Signature

SCHEDULE - II

(See regulation 19)

DECLARATION OF FIDELITY AND SECRECY

I, _____ (Name in full), do hereby declare that I will faithfully, truly and to the best of my skill and ability execute and perform the duties required of me as officer or employee of the **ANDHRA PRAGATHI GRAMEENA BANK** and which properly relate the office or position held by me in the said Bank.

I further declare that I will not divulge or allow to be divulged to any person not legally entitled thereto any information relating to the affairs of the said Bank or to the affairs of any person having any dealing with the said Bank and nor will I allow any such person to inspect or have access to any books or documents or electronic records belonging to or in possession of the said Bank and relating to the business of the said Bank or the business of any person having any dealing with the said Bank.

Signature:

Name in full:

Designation:

Signed before me

Signature:

Name in full:

Designation:

Place: KADAPA

Date :

SCHEDULE – III

(See regulation 73)

DECLARATION OF DOMICILE

Place:

Date:

I, the undersigned having been appointed in the service of the **ANDHRA PRAGATHI GRAMEENA BANK** hereby declare _____ (Place) in _____ (District) as my place of domicile.

The above is my place of birth.

or

The above is not my place of birth. My place of birth is _____ (Place) in _____ (District) but _____ (Place) has been declared as my place of domicile for the reasons given below.

.....
.....

Signature

Name in full:

Designation:

Nature of appointment:

Date of appointment:

- Strike out whichever is not applicable.

SCHEDULE - IV

Place: KADAPA

Date:

I hereby declare that I have read and understood the Andhra Pragathi Grameena Bank (Officers & Employees) Service Regulations 2010 and I hereby subscribe and agree to be bound by the said regulations:

Name in full :

Nature of appointment :

Date of appointment :

Signature :

Witness :

Date :

DETAILS OF LOANS AVAILED BY THE CANDIDATE
FROM BANKS/FINANCIAL INSTITUTIONS

A) I have availed loans from the following Banks/Financial Institutions.

(Amount in Rs.)

Sl. No.	Name of the Bank & Branch	Nature of the facility availed & A/c. No.	Amount of original advance	Amount outstanding as on date

B) I have not availed any loan from any Bank or Financial Institution.

(Strike out whichever is not applicable)

I declare that the above particulars are true and correct.

Place : KADAPA

Date :

Signature of the Candidate

(Name: _____)

(Enclose latest certificate from Bank/Financial Institution as per Point No. 14 of Appointment Order.)

Circular No.06 -2008-BC-STF, Date: 09.01.2008

IRREVOCABLE LETTER OF AUTHORITY

From:

Emp. No.

.....(Name)
.....(Cadre)
.....(Branch/Office)
.....(Region)

To

The Chairman
Andhra Pragathi Grameena Bank
Dept. of Personnel & Human Resources Development.
Head Office, K A D A P A.

Dear Sir,

Sub: Andhra Pragathi Grameena Bank Staff Benevolent Fund (APGBSBF) Scheme.
Ref: Circular No.06-2008-BC-STF dated 09.01.2008.

I wish to become a member of the Andhra Pragathi Grameena Bank Staff Benevolent Fund (APGBSBF) Scheme. I request you to admit me to the same. I have read and understood the terms and conditions of the scheme, as given in Circular No.6-2008-BC-STF dated 09.01.2008 and agree to be bound by them. I hereby authorize the Bank to deduct an amount of Rs.50/- (Rupees fifty only) every month, starting from _____ from my salary/subsistence allowance and remit the same to the Andhra Pragathi Grameena Bank Staff Benevolent Fund. I understand this authorization letter is irrevocable.

Further, I nominate Smt./Sri.....aged.....years,
.....(relationship) to receive the benefit under the fund.

Yours faithfully,

Date:

S I G N A T U R E

Forwarded to Head Office, Personnel Department.

Date:

BRANCH/OFFICE

MANAGER/REGIONAL MANAGER

LETTER OF ADMISSION AND AUTHORITY – GSLI FORM - III

From

.....(Name)
.....(Emp. No.)
.....(Cadre)
.....(Branch/Office)
.....(Region)

To

The Chairman
Andhra Pragathi Grameena Bank
Personnel Department
Head Office, K A D A P A.

Dear Sir,

Sub: Revised Group Savings Linked Insurance Scheme (GSLIS) with LIC, D O,
Kadapa.

Ref: H.O. Circular No.36-2008-BC-STF dated 18.02.2008

I wish to join the Group Savings Linked Insurance Scheme (Revised) arranged with the LIC of India, Divisional Office, Kadapa and request you to admit me as an Insured Member of the scheme with effect from February 2008. I hereby authroise you to deduct a sum of Rs..... every month as contribution towards this Scheme from my salary, starting from the salary of _____. I further agree that this Letter of Authority shall not be revoked by me so long as I am a regular employee of the Bank.

I undertake to pay the contribution to the Bank in the month/s when I will not be eligible to draw my salary for whatever reason may be, to enable the Bank to remit the contribution to LIC. In case of my default, I will be responsible for the loss of the benefit under the revised GSLI Scheme.

Date:

Yours faithfully,

Signature

.....

APPOINTMENT OF NOMINEE

GSLI FORM-IV

I Emp. No....., an insured member of the APGB revised GSLI Scheme, hereby appoint, in terms of Rule No.13, headed Appointing of Nominee, of the Rules governing the GSLI Scheme my.....(Relationship) Named..... , address..... , as the person to be the nominee to whom the moneys payable in terms of the Rules of the Scheme, shall be paid in the event of my death.

Date:

Signature

Witnessed by:

Signature:

Name:
Emp. No.
Cadre:

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees Provident Funds & Employees Pension Schemes
(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 & Paragraph 18 of the Employees Pension Scheme 1995)

1. Name (IN BLOCK LETTERS) :: Name Surname
 Father's /Husband's Name :
2. Date of Birth : 3. PF A/c No.
4. *Sex: MALE/FEMALE: 5. Marital Status
6. Address Permanent / Temporary:

PART – A (EPF)

I hereby nominate the person (s)/ cancel the nomination made by me previously and nominate the person (s) mentioned below to receive the amount standing to my credit in the Employees Provident Fund, In the event of my death.

Name of the Nominee (s)	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is minor name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6

1. * Certified that I have no family as defined in para 2 (g) of the Employees Provident Fund Scheme 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.
2. *Certified that my father/mother is/are dependent upon me.

Strike out whichever is not applicable

Signature/ or thumb impression
Of the subscriber

PART – (EPS)

Para 18

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow/ Children Pension in the event of my premature death in service.

Sr. No.	Name & Address of the Family Member	Age	Relationship with the member
(1)	(2)	(3)	(4)

Certified that I have no family as defined in para 2 (vii) of the Employee's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2(a) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

Name and address of the nominee	Date of Birth	Relationship with member

Date :

Signature/ or thumb impression
Of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri/Smt./Miss _____ employed in my established after he/ she has read the entries/ the entries have been read over to him/her by me and got confirmed by him/her.

Date:

Signature of the employer or other authorized
Officer of the Establishment

Name & address of the Factory /Establishment:

Place:

Date:

The candidate must make the statement required below prior to his/her medical examination and must sign the declaration appended thereto. His/her statement is specially directed to the warning contained in the note below:

1. State your name in full :

2. State your age and birth place :

3 a) Have you ever had small pox, intermittent or any other fever, enlargement of suppuration of glands, spitting of blood, Asthama, inflammation of lungs, heart disease, fainting attacks, rheumatism, appendicitis?

Or

a) Any other disease or accident requiring Confinement to bed and medical or Surgical treatment?

Or

b) Suffered from any illness, wound or Injuries sustained while on active service During the war.

4. When were you last vaccinated?

5. Have you or any of your near relations been afflicted with scrofula, gout, asthma, fits, epilepsy or insanity?

6. Have you suffered from any form of nervousness due to over work or any other cause?

7. Furnish the following particulars concerning your family.

Father's age if living and state of health	Father's age at death and cause of death	Number of brothers living, their ages and state of health	Number of brothers dead, their ages at and causes of death

Mother's age if living and state of health	Mother's age at death and cause of death	Number of sisters living, their ages and state of health	Number of sisters dead, their ages at and causes of death

I declare all the above answers to be, to the best of my belief, true and correct.

Candidate's Signature

Note: The candidate will be held responsible for the accuracy of the above statement by willfully suppressing any information he/she will incur the risk of losing the appointment and, if appointed, of forfeiting all claims to superannuation allowance or gratuity.

TESTIMONIAL

This is to inform that Mr/Mrs/Ms S/o / W/o / D/o
..... residing at
.....
..... is known to me for the last Years and he/she is hard working and sincere. His/her
character and conduct are

Place:

Date:

Signature:

Name:

Address:

(Out of two testimonials one should be obtained from the college/institute where he/she last studied)

----- cut here-----

TESTIMONIAL

This is to inform that Mr/Mrs/Ms S/o / W/o / D/o
..... residing at
.....
..... is known to me for the last Years and he/she is hard working and sincere. His/her
character and conduct are

Place:

Date:

Signature:

Name:

Address:

(Out of two testimonials one should be obtained from the college/institute where he/she last studied)

CHARACTER & CONDUCT CERTIFICATE

This is to certify that

Mr./Mrs./Ms. _____ (Name in full),

S/o/W/o/D/o _____, is a resident of

_____ village/town _____ District. He/she is known

to me since _____ years. His/her character and conduct are _____.

PLACE:

Signature:

DATE:

Name:

Designation/Seal and address of Gazetted Officer

Latest colour
passport size
photograph of
the candidate

REVISED ATTESTATION FORM
(THE CANDIDATE SHOULD PROPERLY FILL THE ATTESTATION
FORM WITH HIS/HER OWN HAND WRITING)

Name of the Department

Name of the Head of Department

1. (a) Name in full (Capital letters only) with aliases, if any. Please Indicate if you have added/dropped at any stage any part of your name /surname.

SURNAME
NAME

(b) Designation of the candidates with category (Appointment by Direct recruitment / Ex-servicemen quota/compassionate ground)
(Enclose supporting certified copies of the documents.)

- (i) Designation
- (ii) Place of working
- (iii) Date of Entry into Service or Date of Appointment
- (iv) Direct Recruitment Ex-Servicemen Compassionate

2 Details of Address

a. Present

b. Permanent

FATHER'S NAME	<input type="text"/>	<input type="text"/>
OCCUPATION	<input type="text"/>	<input type="text"/>
DOOR No.	<input type="text"/>	<input type="text"/>
Street & Road	<input type="text"/>	<input type="text"/>
Village/Town	<input type="text"/>	<input type="text"/>
Mandal/Taluk	<input type="text"/>	<input type="text"/>
District	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
PIN CODE	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Contact Phone Number	Mobile	Landline office (with STD code)	Landline Residence (with STD Code)

(c) If originally a resident of Pakistan, the address in that Dominion and the date of migration to Indian Union

3 Particulars of places where you have resided during the preceding five years from the date of filling up of Attestation Form.

	From (Month/year)	To (Month/year)	Residential Address in full (i.e. House/Apartment/Flat Number, Apartment /Complex/ Lane/ Street/ Colony and Road, Village, Mandal and District / City)	Police Station and District.
1				
2				
3				
4				
5				

4.) Father's details

a) Name in full with aliases, if any

b) Profession

c) If in service, give designation and Official address

d) Present Postal address (if dead, give last address)

House No	
Lane Name	
Street & Road	
Village/Mandal	
Dist	
State	
PIN Code	

e) Permanent House address

House No	
Lane Name	
Street & Road	
Village/Mandal	
Dist	
State	
PIN Code	

5. (i) Nationality of :
 a) Father
 b) Mother
 c) Wife/Husband
 (ii) Place of birth of Wife/Husband
6. a) Date of birth of the applicant
 b) Present age
 c) Age at SSC/Matriculation
7. a) Place of birth, District and State
 b) District and State to which you belong
8. a) Religion
 b) Are you a member of Scheduled Caste/Scheduled Tribe / Backward Class?
 Scheduled Caste Scheduled Tribe Backward Class

Please Specify the class/Tribe Grade A, B, C, D, &E

9. Educational Qualifications showing places of education with years in schools and colleges since 15th year of age (*Please enclose certified copies of study certificates and indicate whether study is regular or distance/correspondence*)

Course	Name of the school/College with full address (village/Mandal/District/City)	Date of entering (mention month & year)	Date of leaving (Mention Month & Year)	Examination passed with Reg. No. etc (Name of the group i.e. Inter/Degree/ Diploma PG, etc)	Police Station and District.
1.SSC/Matriculation					
2.Intermediate/ Diploma					
3.Graduation/ Professional Course					
4.Post Graduation					
5.Any other qualification					

10. If you have at any time been employed, give details. (*Please enclose certified copies of the documents*)

Designation of post held or description of work	Period		Full Address of the Office, Firm or Institution	Have you been at any time dismissed / removed from service / resigned to the post? If so, please give details
	From	To		

11. Have you ever been arrested by the police, convicted by a Court of law or detained under any state/ Central preventive detention laws for any offence? Whether such conviction sustained in the court of Appeal or set aside by the Appellate Court if appealed against.

(Note: If detained, convicted, debarred etc. subsequent to the completion and submission of this form, the details should be communicated immediately to the concerned Department or the authority to whom the Attestation Form has been sent earlier, as the case may be, failing which it will be deemed to be suppression of factual information). If the answer is 'Yes', the full particulars of the conviction, sentences and detention should be given.

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12. Name and complete address of two responsible persons of your locality to whom you are known or two referees to whom you are known. (Persons shall not be blood relatives)

	Referee-1	Referee-2
Name		
House /Apartment/Flat No.		
Name of the Apartment/complex		
Lane Name		
Street & Road		
Village		
Mandal/Taluk		
Town/City		
District		
State		
PIN CODE		

13. Have you ever been member/worker of any Political Party or Communal organization /Youth/Student/Service/Labour? If so furnish details.

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DECLARATION SHOULD BE SIGNED BY THE CANDIDATE

1. I hereby declare that the statements made in this form are true to the best of my knowledge and belief.
2. I am married/unmarried and have only one wife living (delete which is not applicable)
3. I am fully aware that furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification and is likely to render me unfit for employment under the Government.
4. I am also fully aware that if it comes to notice at any time during my service that false information has been furnished or that there has been suppression of factual information in the Attestation Form, my services would be liable to be terminated solely on this ground.

Date:
Place:

Signature of the candidate

**CERTIFICATE TO BE SIGNED BY A GAZETTED OFFICER OR MEMBER OF
LEGISLATURE OR OTHER AUTHORITY AS PRESCRIBED BY THE
APPOINTING AUTHORITY**

Certified that I have known Sri / Smt /Kum _____
_____ Son/Daughter/Wife of _____ for
the last _____ years _____ months and to the best of knowledge and belief, the
particulars furnished by him/her are correct.

(Signature)
Name & Designation with seal

Date :

Place:

Photograph of the candidate attested by Gazetted Officer/ MLA/Other with seal. Competent Authority.

ANDHRA PRAGATHI GRAMEENA BANK : HEAD OFFICE : KADAPA

PERSONNEL DEPARTMENT
Personal Inventory

Affix latest
passport size
colour photo

EMPLOYEE NUMBER :

CADRE / DESIGNATION:.....

Date of joining in the Bank:.....

Present place of working:.....

I. 1. Full Name of the Officer/Employee:

2. Father's Name..... Occupation.....

Husband's Name..... Occupation.

3. Permanent address:.....

.....

Mobile No:1. 2. Phone No:.....

4. a) Date of Birth:

b) Age as on joining in the Bank:Years Months..... days

5. Place of Domicile (place of Birth):

6. Native Place: Village Mandal.....District.....State.....

Place of own house constructed: Village/Town.....Mandal.....District.....

7. Religion:.....

8. Caste (furnish name of the caste)

and also sub-sect, if any) :

9	Whether belongs to	SC	ST	OBC-A	OBC-B	OBC-C	OBC-D
	(Specify Group and its Sl.No.)						

10. Whether belongs to PH/Ex.service:

11. Identification marks : 1).....

(as per SSC/SSLC Certificate) : 2).....

II. 1. Educational qualifications & Professional 1.....
qualifications (Furnish attested certificates of 2.....
additional qualification, if any, acquired 3.....
recently and not recorded in / reported to Bank) 4.....

2. Technical qualifications & Computer skills :.....
.....

3. Languages Known : Can Speak 1.....2.....3.....4.....
Can Write 1.....2.....3.....4.....
Can Read 1.....2.....3.....4.....

4. Previous experience (before joining in the
Bank.....
.....

-2-

III. 1. Marital Status: (Married /Unmarried/Widow/Widower)

2. Date of Marriage : 1st.....2nd.....
(in case of 2nd marriage . Furnish reasons (i) Divorce (ii) Spouse deceased
iii.....)

3. Number of Children:.....

IV. PARTICULARS OF WHOLLY DEPENDENTS ON THE EMPLOYEE /OFFICER.

Sl No.	Name	Relation-ship	Date of Birth	Age	Annual income Rs.	Details of immovable assets (land/site/house etc.), if any, in the name of dependent
1						
2						
3						
4						
5						

I confirm that the annual income particulars shown above are true and correct. The persons mentioned above are wholly dependent on me and are residing with me (Income and residence proof are to be submitted).

Note: If the monthly income of a family member/dependent exceeds Rs.3500/- he shall not be treated as wholly dependent of the staff member.

V. EMPLOYMENT PARTICULARS OF SPOUSE:

Name of the Spouse	Name of the Organisation	Place of work	Position held	Date of joining in the service	Total emoluments per month (Rs.)

VI. PARTICULARS OF EPF NOMINEE : (FOR EPF /PENSION PURPOSE).

S.No.	Name	Age.	Relationship	Address.

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VII. Income Tax Pan No. :

VIII. AADHAAR No.

VIII. Declaration :

I hereby declare and confirm that all the particulars furnished above are true and correct to the best of my knowledge and belief.

Date:

Place:

Signature of the Staff Member

The information furnished by the staff member is forwarded to Head Office.

Branch:.....

Date:.....

MANAGER.

(Name.....)

Employee No.

Specimen copy of Agreement for Officer Cadre. (not to be typed on the stamp paper)

*Type on
Rs.100/-
Non Judicial
Stamp paper*

THIS AGREEMENT is made and executed by Sri/ Smt /Kumari _____ -
_____ S/o, W/o, D/o of _____
aged about ____ years, residing at _____ (hereinafter called the "Probationary
Officer") of the first part and Sri/Smt/Kumari. _____ S/o,
W/o, D/o of _____ aged about ____ years, residing at
_____ (hereinafter called the "Guarantor") of the second part in favour of
ANDHRA PRAGATHI GRAMEENA BANK, a Bank constituted and functioning under Regional Rural Banks
Act, 1976 with its Head Office situated at Kadapa in Kadapa District of Andhra Pradesh State, hereafter
called "the Bank".

WHEREAS the Probationary Officer has been selected by the Bank as an Officer Scale-I and WHEREAS
as per the appointment letter No. _____ dated _____, issued by the
Bank to the Officer, one of the conditions of the appointment is that the Officer should execute an
agreement along with a Guarantor in favour of the Bank agreeing to serve the Bank for a minimum
period of 2 years from the date of joining the services of the Bank and for such extended period as may
be deemed necessary and that in the event of his leaving the organization voluntarily / resigning from
the services of the Bank within a period of 2 years on his own accord, the Probationary Officer and the
Guarantor are jointly and severally liable to pay compensation to the Bank; and

WHEREAS the Officer has agreed to join the Bank on _____ as a Probationary Officer and in terms
of the letter of appointment, the Officer along with a Guarantor executes this agreement, the terms and
conditions of which are as follows:

1. The Probationary Officer hereby agrees to serve the Bank for a minimum period of TWO years
from the date of joining, under the rules and Service conditions of the Bank, irrespective of the
place of posting or subsequent places of the transfers, which are under the sole discretion of the
Bank. The period of two years **active service** in the Bank is taken in to consideration for the
purpose.

If he/she wishes to leave the Bank voluntarily / resigns from the services of the Bank or fails to
extend two years of active service in the bank for any reason, the Officer and the Guarantor
hereby jointly and severally agree to pay Rs.1,50,000/- (Rupees One lakh fifty thousand only) to
the Bank by way of compensation and/or liquidated damages on demand by the Bank.

2. The Officer shall be on probation for a period of Two Years in terms of Bank's service conditions
and the above period of two years is extendable by one year mentioned supra shall commence
from the date of commencement of probation period.

GUARANTOR

PROBATIONARY OFFICER

3. The Probationary Officer shall not, without the express prior approval in writing of the appropriate authority in the Bank, apply for any job, accept assignment or other employment for profit, until the Officer has fulfilled his/her obligation at clause No.1 above. In case the Officer violates this and/or resigns to accept any other fresh job, the amount mentioned above shall be paid before getting relieved from the services of the Bank.
4. The Probationary Officer hereby agrees to obey and abide by all the rules, regulations, service conditions, conduct & discipline of the Bank as per the Andhra Pragathi Grameena Bank (Officers' and Employees') Service Regulations 2010".
5. The Bank is at liberty to remove the Probationary Officer from the services of the Bank during the period of probation without assigning any reasons or without giving any prior notice by invoking regulation No.9 (2) (a) & 10 of Andhra Pragathi Grameena Bank (Officers' and Employees') Service Regulations 2010.
6. The Probationary Officer and the Guarantor shall be personally liable to pay the above amount to the Bank notwithstanding and without prejudice to the Bank's right to recover the said amount. In case of the Officer's failure to make the said payment, the Bank reserves the right to recover the same by appropriating any sum that may be due to the Probationary Officer by way of salary, allowance, Provident Fund etc., or any other terminal benefits due to the Officer and also without prejudice to the Bank's right to take any disciplinary action against the Probationary Officer under the Service Regulations.
7. This agreement will remain in full force till the completion of two years of active service, or the Probationary Officer and the Guarantor are discharged of all the liabilities under this agreement by the Bank.
8. The Probationary Officer and Guarantor hereby agree faithfully to fulfill the terms of this agreement and the Bank has agreed to take him/her as a Probationary Officer on such assurances and on those promises.
9. Any dispute arising out of this agreement is subject to the jurisdiction of court in Kadapa town only.

IN WITNESS WHEREOF we have set our hands unto this _____ day of _____ 201.... at _____.

GUARANTOR

PROBATIONARY OFFICER

(Name: _____)

(Name: _____)

Address:

Occupation:

Witnesses:

01. Name : _____

Signature:

Address:

Occupation:

02. Name : _____

Signature:

Address:

Occupation:

FORM OF CERTIFICATE PRESCRIBED FOR SCHEDULED CASTE OR SCHEDULED TRIBE

Form of Certificate as prescribed in M.H.A. O.M.. No.42/21/49-NGS, dated 28.01.1952, as revised in Dept. of Per & A.R. Letter No. 36012/6/76-Estt (S.C.T.) dated 29.10.1977, to be produced by a candidate belonging to a **Scheduled Caste or Scheduled Tribe** in support of his/her claim.

FORM OF CASTE CERTIFICATE

This is to certify that Shri/Shrimathi*/Kumari* Son/daughter* of of village/town* in District/Division* of the State/Union Territory* belong to theCaste/Tribe* which is recognized as a **Scheduled Caste/Scheduled Tribe*** under :

- *The Constitution (Scheduled Castes) Order, 1950
- *The Constitution (Scheduled Tribes) Order, 1950
- *The Constitution (Scheduled Castes) (Union Territories) Order, 1951
- *The Constitution (Scheduled Tribes) (Union Territories) Order, 1951

{As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act 1966, the State of Himachal Pradesh Act, 1970, the North-Eastern Areas (Reorganisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976}

- *The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956;
- *The Constitution (Andaman & Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 1976;
- *The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962;
- *The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962; *The Constitution (Pondicherry) Scheduled Castes Order, 1964;
- *The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;
- *The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968; *The Constitution (Nagaland) Scheduled Tribes Order, 1970
- *The Constitution (Sikkim) Scheduled Castes Order, 1978
- *The Constitution (Sikkim) Scheduled Tribes Order, 1978
- *The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989
- *The Constitution (Scheduled Castes) Orders (Amendment) Act, 1990
- *The Constitution (Scheduled Tribes) Order Amendment Act, 1991
- *The Constitution (Scheduled Tribes) Order Second Amendment Act, 1991

(i) This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issued to Shri/Shrimathi*.....father/mother* of Shri/Shrimathi/Kumari*.....of.....village/ town*..... in District/Division*..... of the State/Union Territory* who belongs to the..... Caste/Tribe* which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* issued by the Dated

(ii) Shri/Shrimathi*/Kumari* and/or* his/her family ordinarily reside(s) in village/town* of District/Division* of the State/Union Territory of

Signature
Designation.....
(With seal of Office)

Place State
Date Union Territory

NOTE: The term "Ordinarily resides" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

*Please delete the words which are not applicable.

AUTHORITIES EMPOWERED TO ISSUE SCHEDULED CASTE/SCHEDULED TRIBE CERTIFICATES

{G.I. Dept. of Per. & Trg. O.M. No. 3012//88-Estt. (SCT), (SRD III) dated 24.04.1990} The under mentioned authorities have been empowered to issue Caste Certificates of verification :

- (iii) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/ Additional Deputy Commissioner/Deputy Collector/First class Stipendiary Magistrate/Sub Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
- (iv) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (v) Revenue Officer not below the rank of Tehsildar
- (vi) Sub-Divisional Officer of the area where the candidate and/or his/her family normally resides

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

This is to certify thatSon/daughter of
.....Village.....District/Division
on.....in.....State belongs
to.....community which is recognized as a backward
class under.

- (iii) Resolution no. 12011/68/93-BCC(C) dated 10.09.1993 published in the Gazette of India, Extra ordinary, Part-I, Section-I, No. 186 dated 13.09.1993.
- (iv) Resolution no. 12011/9/94-BCC dated 10.10.1994 published in the Gazette of India, Extra ordinary, Part-I, Section-I, No. 163 dated 20.10.1994.
- (v) Resolution no. 12011/7/95-BCC dated 24.05.1995 published in the Gazette of India, Extra ordinary, Part-I, Section-I, No. 88 dated 25.05.1995.
- (vi) Resolution no. 12011/44/96-BCC dated 06.12.1996 published in the Gazette of India, Extra ordinary, Part-I, Section-I, No. 210 dated 11.12.1996.
- (vii) Resolution no. 12011/68/93-BCC published in the Gazette of India, Extra ordinary no. 129, dated 08.07.1997.
- (viii) Resolution no. 12011/12/96-BCC published in the Gazette of India, Extra ordinary no. 164, dated 01.09.1997.
- (ix) Resolution no. 12011/99/94-BCC published in the Gazette of India, Extra ordinary no. 236, dated 11.12.1997.
- (x) Resolution no. 12011/13/97-BCC published in the Gazette of India, Extra ordinary no. 239, dated 03.12.1997.
- (xi) Resolution no. 12011/12/96-BCC published in the Gazette of India, Extra ordinary no. 166, dated 03.08.1998.
- (xii) Resolution no. 12011/68/93-BCC published in the Gazette of India, Extra ordinary no. 171, dated 06.08.1998.
- (xiii) Resolution no. 12011/68/93-BCC published in the Gazette of India, Extra ordinary no. 241, dated 27.10.1999.
- (xiv) Resolution no. 12011/88/98-BCC published in the Gazette of India, Extra ordinary no. 270, dated 06.12.1999.
- (xv) Resolution no. 12011/36/93-BCC published in the Gazette of India, Extra ordinary no. 71, dated 04.04.2000.

Shri..... And/or his family ordinarily resides in the
.....District/Division of the.....State. This is also to
certify that he/she does not belong to the persons/sections(Creamy Layer) mentioned in column 3 of the
Schedule to the government of India, Department of Personnel & Training OM No. 36012/22/93-
Estt(SCT) dated 08.09.1993.

Dated:

Tahsildar
District Magistrate/Dy Commissioner etc.,

NB: a) The term ordinarily used here will have the same meaning as in section 20 of the Representation of People Act 1960.

b) The Authorities competent to issue caste certificates are indicated below.

(vii) District Magistrate/Additional Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/Ist Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluk Magistrate/Executive Magistrate/Extra Assistant Commissioner (Not below the Rank of Ist Class Stipendiary Magistrate.

(viii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

(ix) Revenue Officer not below the rank of Tahsildar and

(x) Sub-Divisional Officer of the area where the candidate and or his family resides.

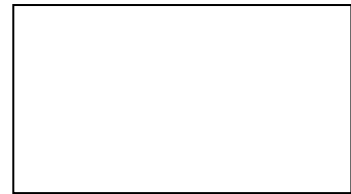
**Declaration format for the candidates seeking reservation as OBCs in addition
to the Certificate issued by the Competent Authority**

“I son/daughter of
Shriresident of village
Town/City District.....
State hereby declare that I belong to the
..... Community which is recognized as a Backward Class by
the Government of India for the purpose of reservation in services as per orders
contained in Department of personnel and Training Office Memorandum No.
36012/22/93/Estt (SCT) dated 08.09.1993. It is also declared that I do not belong to
persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above
referred Office Memorandum dated 08.09.1993”.

SIGNATURE OF THE CANDIDATE

FORMAT OF DISABILITY CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL:



Certificate No.

Date :

Recent photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board.

DISABILITY CERTIFICATE

This is certified that Shri/Smt/Kum.....Son/wife/daughter of Shri

age..... sexidentification mark(s)is suffering from permanent disability of following category :

1.A. Locomotor or cerebral palsy :

- (xvi) BL-Both legs affected but not arms
- (ii) BA-Both arms affected (a) Impaired reach (b) Weakness of grip
- (xi) BLA-Both legs and both arms affected
- (iv) OL – One leg affected (right or left) (a) Impaired reach (b) Weakness of grip (c) Ataxic
- (v) OA – One arm affected (a) Impaired reach (b) Weakness of grip (c) Ataxic
- (vi) BH – Stiff back and hips (can not sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision

- (i) B-Blind
- (ii) PB – Partially Blind

C. Hearing impairment :

- (i) D-Deaf
- (ii) PD-Partially Deaf

(Delete the category whichever is not applicable)

2. This condition is progressive/non progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended / is recommended after a period ofyears.....months*.

3. Percentage of disability is his/her case is percent.

4. Shri/Smt./Kum.....meets the following physical requirements for discharge of his/her duties.

- (i) F-can perform work by manipulating with fingers Yes/No
- (ii) PP-can perform work by pulling and pushing Yes/No
- (iii) L-can perform work by lifting Yes/No
- (iv) KC-can perform work by kneeling and crouching Yes/No
- (v) B-can perform work by bending Yes/No
- (vi) S-can perform work by sitting Yes/No
- (vii) ST-can perform work by standing Yes/No
- (viii) W-can perform work by walking Yes/No
- (ix) SE-can perform work by seeing Yes/No
- (x) H-can perform work by hearing/speaking Yes/No
- (xi) RW-can perform work by reading and writing Yes/No

(Dr.....)
Member
Medical Board

(Dr.....)
Member
Medical Board

(Dr.....)
Chairperson
Medical Board

Countersigned by the
Medical Superintendent/CMO/Head of
Hospital (with seal)

*strike out whichever is not applicable.

DECLARATION

I Mr./Ms./Mrs. _____

S/o./D/o./W/o. _____ Prob. Office
Assistant (Multipurpose) hereby declare that

1. I have not resorted to any unfair practices in the written test conducted by IBPS for the above post.
2. The Certificates of my Educational Qualifications submitted to the Bank are genuine.
3. The Caste Certificate produced by me is genuine and issued by the competent authority.
4. I submit that there are no criminal cases against me

I further declare that

A) I was previously employed in _____
organization as _____ (cadre) from _____
and relieved from the said organization on _____. I am
herewith enclosing the original relieving letter and experience
certificate.

B) I hereby declare that I am not employed anywhere as on date.

C) I hereby declare that I do not have any self employment / I have
wound up my Self employment unit.

I submit that the above information is true and correct and if any
information furnished above is false, I am liable for disciplinary action
/any appropriate action that will be initiated by the bank and I also
forfeit my selection/appointment to the above post in the Bank.

Place:

Date:

Signature of the Candidate

Name:

Address:

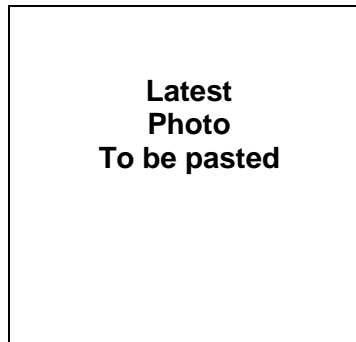
APPLICATION FOR PHOTO ID CARD

ANDHRA PRAGATHI GRAMEENA BANK

BRANCH NAME: _____ BIC : _____
(Separate sheet has to be submitted for each staff member)

NAME	
EMPLOYEE NUMBER	
Cadre/Scale	
DATE OF BIRTH	
ONE IDENTIFICATION MARK	
ADHAR Number	
PAN No	
Blood Group	

1. Photo:



2. Specimen Signature:

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(SIGNATURE SHALL BE AFFIXED IN BLACK INK BALL POINT PEN ONLY)

Date:

Name:

**ANDHRA PRAGATHI GRAMEENA BANK
HEAD OFFICE :: KADAPA**

UNDERTAKING

Employee Undertaking

I, _____, joined as _____ (Cadre) in Andhra Pragathi Grameena Bank on _____, and I have read Andhra Pragathi Grameena Bank's Acceptable usage policy document on _____. I hereby submit that I understood that the Andhra Pragathi Grameena Bank's computers resources & other resources including e-mail/internet systems are to be used for conducting the Bank's business only. I also understood that the use of these facilities for private purpose is strictly prohibited, except when expressly permitted.

I am aware of my following roles and responsibilities.

Acceptable usage policy covers the following aspects for users:

- Maintaining physical and logical security of user desktops/laptops.
- Maintaining antivirus protection on desktops/laptops
- Safe usage of internet
- Safe email usage and maintaining email etiquettes.
- Compliance with license and copyright requirements
- Protecting computer accounts and passwords
- Reporting security incidents and weaknesses.
- Not engaging in any activity that leads to security violations.

I am aware that the Bank may access and review any materials created, stored, sent or received by me through the Bank network or internet connection.

I have read the aforementioned document and agree to follow all policies and procedures that are set forth therein. I further agree to abide by the standards set in the document for the duration of my employment / association with the Bank.

I am aware that violations of usage of computers resources & other resources including e-mail/internet systems may subject me to disciplinary action, up to and including discharge from employment and any legal action in case of illegal acts that may be initiated by the Bank during my employment / association with the Bank or thereafter.

Furthermore I understand that this policy of usage of computers resources & other resources including e-mail/internet systems in the Bank can be amended at any time and I hereby agree to abide by the revised policy and procedures as long as I continue to be the employee of the Bank.

Signature of the Employee

Name of the Employee:

Date:

ANDHRA PRAGATHI GRAMEENA BANK'S ACCEPTABLE USAGE POLICY
OR
POLICY OF USAGE OF COMPUTERS RESOURCES & OTHER RESOURCES
INCLUDING E-MAIL / INTERNET SYSTEMS IN THE BANK

Acceptable Usage:

IT assets of the bank are provided for business purposes and authorized users should adhere to safe usage practices that do not disrupt business or bring disrepute to the bank. Standards will be defined to include safe usage of desktops, computer accounts, business applications, computer networks and for protection of information in physical or logical form and maintenance of intellectual property Rights by the users of information systems.

1. Desktop Usage

- a. Users are responsible for the security of their desktops and should take adequate measures to restrict physical and logical access to their desktops.

Configuration & Installation

- b. All desktops will be configured by system administrators as per the secure configuration standards provided by information systems security formulation and implementation Team (ISSFIT).
- c. Users should not install any software or applications on their desktop that is not authorised or not essential to bank's business.
- d. Users should not connect modems to their machines unless and otherwise approved by the appropriate authority.

Protection Measures

- e. Necessary measures should be adopted by users to prevent the risk of unauthorised access.

Anti-Virus

- f. Users should not disable the installed anti-virus agent or change its settings defied during installation.
- g. Users should not disrupt the auto virus scan scheduled on their desktop.
- h. All files received from external sources should be scanned for virus before opening.
- i. User should report to system administrator on any virus detected in the system and not cleaned by the anti-virus.

Laptop Security:

- j. Laptop users need to adopt the following measures.
 - Ensure that laptop is configured as per the secure configuration documents provided by ISSFIT.
 - Enable boot level password in the laptop.
 - Encryption or password protection should be enabled for protection of data.
 - Antivirus agent with latest signatures should be installed, before laptop is connected to the LAN.
 - All necessary patches / hot fixes for the operating system and applications installed should be periodically updated.

- Log off laptops when not working for extended period and enable screen saver with password for protection during short period of inactivity.
 - Backup critical files from laptop to your desktop or removable media like CD/floppies.
 - Take adequate measures for physical protection of laptop including not leaving laptops unattended in public places or while travelling.
- k. If the laptop has modem /dial up facility for internet, users should disconnect internet connection before connecting to the bank's LAN.
- l. Loss of laptop should be reported immediately to the department head and ISSFIT.
- m. Third party laptop connecting to the bank's network should be restricted. Prior approval from IT head should be taken before connecting third party laptops to bank's network.

2. Password Security:

- a. Users are responsible for all activities originating from their computer accounts.

Password Construction:

- b. Users should choose passwords that are easy to remember but difficult to guess.
- c. The password shall not be based on birthdays, computer terms, known jargons etc.
- d. The password shall not be a word or number like aaabbb, qwerty, 123321 or any of the above spelled backwards.
- e. The password shall be a combination of upper & lower case characters (Ex: a-z, A-Z) digits (Ex: 0-9) and special characters (#, \$, *, @ etc.)
- f. The password history should be maintained and the last 2 passwords shouldn't be usable.

Password Protection:

- g. Users should not share their passwords with anyone including colleagues and IT staff.
- h. Users should ensure that nobody is watching when they are entering password into the system.
- i. User should not keep a written copy (in paper or electronic form) of password in easily locatable places.
- j. Users should change their password regularly.
- k. User should report to the system administrator if account is locked out before 3 bad attempts.

3. Internet Usage:

- a. Internet access is provided to users for the performance and fulfillment of job responsibility.
- b. Employees should access internet only through the connectivity provided by the bank and should not set up internet access without authorization from IT department.
- c. All access to internet will be authenticated and will be restricted to business related sites.
- d. Users are responsible for protecting their internet account and password.
- e. In case misuse of internet access is detected, bank can terminate the user internet account and take other disciplinary action as bank may deem fit.
- f. Users should ensure that security is enabled on the internet browser.
- g. Users should ensure that they do not access websites by clicking on links provide in emails or in other websites.

- h. Bank reserves the right to monitor and review internet usage of users to ensure compliance to this policy.
- i. The browser shall be patched with the latest patches whenever they are made available. User should also click on windows update button periodically to check the patch status.
- j. "Password save" button available under Auto-complete menu on the browser should be unchecked.
- k. All the files downloaded from the internet shall be screened with Gateway level AV and content Filter s/w.

4. E-mail Usage:

Email Service:

- a. Use of Bank's official mail account for personal purposes is discouraged.
- b. Users will be provided with a fixed amount of storage space in their mailboxes at the email server.
- c. Bank does not maintain central or distributed electronic mail archives of all electronic mail sent or received.
- d. The email message including all attached files will be limited to fixed size for transmission.
- e. Personal email id which is not provided by the bank should not be used to send official communications.

Types of messages:

- f. Confidential or sensitive information should not be transmitted over email unless it is encrypted or password protected.
- g. Emails that are not digitally signed should not be used for critical transactions requiring legal authentication of sender.
- h. Users owning the email account are responsible for the content of email originated, replied or forwarded from their account to other users inside or outside the Bank.

Account Protection:

- i. Users should protect their email account on the server through strong password and should not share their password or account with anyone else.
- j. Users should exercise caution in providing their email account or other information to websites or any other internet forum like discussion board/ mailing list.

Monitoring & Reporting

- k. Bank reserves the right to monitor email messages and may intercept or disclose or assist in intercepting or disclosing email communications to ensure that email usage is as per this policy.
- l. Users should promptly report all suspected security vulnerabilities or incidents that they notice with the email system to the help desk or the branch / department system administrator.

5. Document and Storage Security:

- a. All documents containing sensitive information should be marked as "secret or confidential" both in electronic and print format.

- b. All removable media including CD, floppy or DAT tape must be labeled as “secret or confidential” if it is used to store sensitive documents.
- c. Confidential documents and media should not be kept unattended.
- d. Users are encouraged to adopt a clean desk policy for papers, diskettes and other documentation.
- e. Un-used documents/papers should be destroyed using shredder machine.
- f. Users should keep a backup copy of important documents.

Security of information

- g. Sensitive information should not be discussed in the presence of external personnel or other Bank employees.
- h. Care should be exercised to protect sensitive information which may get revealed unintentionally due to unsafe practices.

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