

## **ANNEXURE 1**

## CONFIDENTIAL REPORT FOR CLERICAL STAFF

Place:	
Date:	

## PART I – TO BE FILLED IN BY THE SECTION IN-CHARGE

NCBE

NAME	AIPN	BSF
P.F. NO.		
QUALIFICATION: EDUCATIONAL		
PROFESSIONAL		
DATE OF BIRTH		(DD/MM/YYYY)
DATE OF JOINING BANK AS		(DD/MM/YYYY)
PRESENT DESIGNATION SINCE		(DD/MM/YYYY)
PRESENT PLACE OF POSTING SINCE		(DD/MM/YYYY)
DETAILS OF TRAININGS RECEIVED DURING THE ASSESSMENT YEAR:	)	
STATE BELOW THE DUTIES PERFORMED BY THE EMPLOYEE DURING THE ASSESSMENT YEAR:		