

### प्रथमा यू0पी0 ग्रामीण बैंक

(प्रवर्तक: पंजाब नैशनल बैंक) रामगंगा विहार, फेज-2, मुरादाबाद-244001 (उ०प्र०) e-mail: insp.concurrent@prathamaupbank.com Website: www.prathamaupbank.com

# बैंक की शाखाओं में Concurrent Audit हेतु सेवानिवृत्त अधिकारियों एवं Chartered Accountant Firms की आवश्यकता

प्रथमा यू.पी. ग्रामीण बैंक, प्रधान कार्यालय, मुरादाबाद द्वारा अपने बैंक की शाखाओं में Concurrent Audit कराने हेतु प्रथमा यू.पी. ग्रामीण बैंक तथा पंजाब नैशनल बैंक के Scale-II एवं इससे उच्च स्तर के सेवानिवृत्त अधिकारियों (जिनकी आयु दिनांक 01.07.2023 को 64 वर्ष से अधिक न हों तथा शारीरिक एवं मानसिक रूप से स्वस्थ हों) एवं Chartered Accountant Firms की अनुबंध के आधार पर पैनल पर कार्य कराने हेतु आवेदन पत्र आमंत्रित किये जाते है I इस हेतु आवेदन पत्र का प्रारूप व अन्य जानकारी बैंक की वेबसाइट www.prathamaupbank.com पर उपलब्ध है I इच्छुक सेवानिवृत्त अधिकारियों एवं Chartered Accountant Firms के पूर्ण रूप से भरे हुए आवेदन पत्र प्रथमा यू.पी. ग्रामीण बैंक, प्रधान कार्यालय, निरीक्षण विभाग, राम गंगा विहार, फेज-2, मुरादाबाद (244001) में दिनांक 12.06.2023 को सांय 05 बजे तक जमा करा सकते हैं I उपरोक्त प्रक्रिया चयन का आधार नहीं हैं I समस्त प्राप्त आवेदन पत्रों के पूर्णतया विश्लेषण के उपरान्त ही बैंक नियमानुसार आवंटन किया जा सकेगा I

महाप्रबन्धक

# Prathama U.P. Gramin Bank, HO: Ram Ganga Vihar, Phase-2, Moradabad Application for Empanelment of Retired Officers as a Concurrent Auditor

1.	Name of Applicant	1	Pl. affix passport
2.	Father's Name	3	size recent
3.	Date of Birth -	I	colored photograph & Signed
	Age as on-01-07-2023-		x Signed
4.	Permanent Address (Submit Self Attested proof)		
5.	Address for communication (if different as mentioned at S. No 4, Submit Self Attested proof)		
6.	I.D Proof (Self Attested )		
7.	Mob No. & Email id.		
8.	Bank Details :	i i i i i i i i i i i i i i i i i i i	
	1. Account No.		
	2. Bank Name: 3. IFSC:		
9.	PAN No. (Enclose Self Attested copy)		
10.	Educational qualification		
11.	Professional qualification, if any		
12.	Detail of experience (Please attach relevant proof)		
	(i) Name of Bank	1-PNB	
		2-Prathama U.P. Gramin E	Bank
	(ii) Date of joining the bank		
	& Cadre		

during the period of 5 years immediately preceding the date of your retirement———————————————————————————————————	
officer-Min-05-Years (C) Experience as branch incumbent —Min-02-Years  (iii) Detail of Specialized training, if any (iv) At the time of Retirement-A-Branch Name	
incumbent —Min-02- Years  (iii) Detail of Specialized training, if any (iv) At the time of Retirement- A-Branch Name	
(iii) Detail of Specialized training, if any  (iv) At the time of Retirement- A-Branch Name	
(iv) At the time of Retirement- A-Branch Name	
C-Scale	
E-Date of retirement	
during the period of 5 years immediately preceding the date of your retirement———————————————————————————————————	
your retirement	eriod
(v) Period in the Inspection Department. in the Bank with post (Submit full detail) (vi) Detail of awards, if any,	
Department. in the Bank with post (Submit full detail)  (vi) Detail of awards, if any,	
(vi) Detail of awards, if any,	
(::) Detail ofislament if	
(vii) Detail of punishments, if any,	
13. Any criminal action initiated against applicant	
14. Medical Fitness Certificate (from MBBS Doctor)	

I, do hereby declare
that I am ready to execute the agreement between the bank as per the
terms and condition of the bank for the Empanelment of Retired
Officer's as a Concurrent Auditor on contract basis, which can be
reviewed or terminated by the appointing authority at any time
without assigning any reason, and also agree to be bound by any other
revised or additional terms & conditions which may at any time
hereafter be placed by the bank after joining the above panel on contract
basis. However, I will give a "two Months" notice to the Bank before
terminating the contract. I am ready to serve anywhere in Bank Service
Area. I also confirm that the above information given by me is true to
the best of my knowledge and belief. If any of the information is found
incorrect or misleading at any time of point, the bank has the right to
take any legal action against me. All disputes shall be subject to the sole
jurisdiction of the courts, in the district wherever Head Office of the
Bank is situated, presently it is MORADABAD.

Date: Place:

(Signature of Applicant)
(Name:

Enclosure:



#### निरीक्षण विभाग, प्रधान कार्यालय, मुरादाबाद

दिनांक: 02.06.2023

विषय: समवर्ती लेखा अंकेक्षण पालिसी के अन्तर्गत समवर्ती लेखा अंकेक्षण कार्य हेतु सेवानिवृत्त अधिकारियों के चयन के सम्बन्ध में

सेवानिवृत्त अधिकारियों को समवर्ती लेखा अंकेक्षक बनने हेतु निम्न योग्यतायें होनी चाहिए:-

#### योग्यताः

- 1. सेवानिवृत्त अधिकारी हमारे बैंक अथवा प्रवर्तक बैंक (पंजाब नैशनल बैंक) का होना चाहिए ।
- 2. सेवानिवृत्त अधिकारी प्रबन्धक (स्केल MMG II) अथवा उच्च स्केल का होना चाहिए I
- 3. न्यूनतम संतोषजनक कार्यानुभव 20 वर्षों का होना चाहिए।
- 4. शाखा का 05 वर्षों का अनुभव अधिकारी के तौर पर होना चाहिए, जिसमें 02 वर्ष का कार्यकाल शाखा प्रबन्धक के रूप में होना चाहिए I
- 5. सेवानिवृत्त अधिकारी की आयु दिनांक 01.07.2023 को 64 वर्ष से अधिक न हों।
- 6. सेवानिवृत्त अधिकारी को चिकित्सीय रूप से फिट होना चाहिए (फिटनेस हेतु MBBS डॉक्टर का प्रमाण पत्र आवश्यक हैं) I

## APPLICATION FOR APPOINTMENT AS CHARTERED ACCOUNTANT FIRMS FOR CONCURRENT AUDIT IN PRATHAMA U. P. GRAMIN BANK

The General Manager, Prathama U. P. Gramin Bank, Ram Ganga VIhar Phase-2, Moradabd, U.P. (244001) Affix Recent passport size Colored photograph

Affix Recent passport size Colored photograph Affix Recent passport size Colored photograph

Affix Recent passport size Colored photograph

Dear Sir,

With reference of your advertisement about requirement of concurrent auditor dated 02.06.2023, I am submitting my application. In the same sequence, I shall offer my services for assignment of Concurrent Auditor in the Bank. My bio-data is as under for your consideration:-

Sr. No.	Particulars			Details				
1	Name and address of the							
	partnership Firm							
2	Tele phone no.							
3	E-Mail I D							
.4	Registration Firm				E-0			
5	GST no.							
6	PAN No of Firm (Copy attached)							
7	RBI registration (UNIQUE Code)No.							
8								
	Sr.	Name	Enro	llment	Qualification	Mobil no.	E-Mail ID	
	No.	a 7.	No.					
	1			1,5	2 C		<b>电关键模型</b>	
	2							
	3							
	4							
9		ars of concurren ace (if any)	t Audit					
10		ail of partners(C ) (Aadhar/DL/V		)				

Р	10	-	-	٠	
	1		Н:		•

Date

Encl 01-Copy of Registration of Firm.

02-Copy of RBI registration

03-Copy of PAN of Firm

04-Copy of GST of Firm

05- Copy of KYC documents of all partners.

Signature (With Seal)