



## **WEST BENGAL CO-OPERATIVE SERVICE COMMISSION**

**PWD Buildings, Block-'A' [Ground Floor], Khadya Bhawan Complex,  
11A, Mirza Ghalib Street, Kolkata-700087**

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### **Advertisement No. 03/2021**

#### **A walk-in Interview**

Applications are invited for a walk-in -interview for appointment of CEO of Liluah Co-operative Bank Ltd. to be held on 27/12/2021 at 11.30 A.M. at the office of the West Bengal Co-operative Service Commission, Khadya Bhawan Complex, Block-A, Ground floor, 11A, Mirza Ghalib Street, Kolkata-700087.

Experience –

- i) At least 20 yrs. in Banking. Preference will be given on Urban Co-operative Bank.
- ii) Age Limit – 40 years to 62 years.
- iii) Educational Qualification – Graduation in any discipline.
- iv) Salary - ₹ 80,000/ or negotiable.

Interested candidates are requested to submit application in prescribed format here in under at the office of the West Bengal Co-operative Service Commission by hand or through e-mail in pdf format (E-mail address of the Commission: [cscwbbb@gmail.com](mailto:cscwbbb@gmail.com)) within 27/12/2021 forenoon and appear before the Selection Committee on 27/12/2021 at 11.30 A.M. for walk-in interview. Candidates are requested to bring all educational and experience certificates, photo Identity proof and address proof in originals, with 2 sets of photo copies each and 2 passport size color photographs.

Secretary

## Application Form (Advt. No. 03/2021)

Paste recent  
passport sized  
photograph

Name of the Institution	Liluah Co-operative Bank Ltd.
Name of the Post	Chief Executive Officer

Personal Details									
1.	Name of the Candidate								
2.	Father's name								
3.	Full postal address for communication								
4.	Date of Birth	D	D	M	M	Y	Y	Y	Y
5.	Proof of Age								
6.	Gender (Please tick)	<b>Male</b>				<b>Female</b>			
7.	Category (Please tick)	I	II	III	IV	V	VI	VII	
		<b>UR</b>	<b>UR (EC)</b>	<b>ST</b>	<b>SC</b>	<b>SC(EC)</b>	<b>OBC-A</b>	<b>OBC-B</b>	
8.	Certificate issuing authority (In case of II to VII of 6)								
9.	Photo-Identity proof produced (With No.)								
10.	Contact No.								
11.	E-mail ID								
12.									

### ➤ Academic Qualification

Exam. Passed	Board/University	Year/Date of passing	% of Marks/Grade
MP or Equivalent			
HS or Equivalent			
Graduation			
Post-Graduation			
Any others			

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**Full signature of the candidate with date**

➤ **Technical/Computer Qualification**

Name of the Course	Institute/University	Year/Date of passing	% of Marks/Grade

➤ **Professional Qualification (if any)**

Name of the Course	Institute/University	Year/Date of passing	% of Marks/Grade

➤ **Experience (if any)**

SI No.	Name of the Institution	Designation/ Post	Job Description	Duration

➤ **List of documents produced:**

1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

**Declaration by the candidate**

I do hereby declare that the information furnished above is true to the best of my knowledge and belief. I do hereby undertake that the Commission may debar me from participating in the Selection Process at any stage and also take any legal action for submission of any information or document if it is found false/wrong.

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**Full signature of the candidate with date**