

**Name of Borrower :**

**Customer ID :**

**Loan ID :**

**BIO –DATA FORM**

(To be submitted by each Co-applicant/Guarantor/Co-obligant )

|     |                                         |                                                                                                                  |                              |                                                                  |
|-----|-----------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------|
| 1.  | Name                                    |                                                                                                                  |                              |                                                                  |
| 2.  | Father's / Spouse Name                  |                                                                                                                  |                              |                                                                  |
| 3.  | Occupation                              |                                                                                                                  |                              |                                                                  |
| 4.  | Age & Date of Birth                     |                                                                                                                  |                              |                                                                  |
| 5.  | Category                                | General <input type="checkbox"/>                                                                                 | OBC <input type="checkbox"/> | SC/ST <input type="checkbox"/> Minority <input type="checkbox"/> |
| 6.  | Permanent Address                       | House Name ..... City .....<br>State ..... PIN Code.....<br>Telephone No.(O) ..... (R) .....<br>Whats up No..... |                              |                                                                  |
| 7.  | Communication/Present Address           | House Name ..... City .....<br>State ..... PIN Code.....<br>Telephone No.(O) ..... (R) .....<br>Whats up No..... |                              |                                                                  |
| 8.  | Office/Business Address                 | House Name ..... City .....<br>State ..... PIN Code.....<br>Telephone No.(O) ..... (R) .....<br>Whats up No..... |                              |                                                                  |
| 9.  | Educational/Professional Qualifications |                                                                                                                  |                              |                                                                  |
| 10. | Credit Score (Specify CIC name)         |                                                                                                                  |                              |                                                                  |
| 11. | Email ID                                |                                                                                                                  |                              |                                                                  |
| 12. | Verification ID (No.)                   |                                                                                                                  | Valid Till                   |                                                                  |
|     | a. Pan Card                             |                                                                                                                  |                              |                                                                  |
|     | b. Aadhar Card                          |                                                                                                                  |                              |                                                                  |
|     | c. Passport                             |                                                                                                                  |                              |                                                                  |
|     | d. Ration Card                          |                                                                                                                  |                              |                                                                  |
|     | e. Driving License                      |                                                                                                                  |                              |                                                                  |
|     | f. Others                               |                                                                                                                  |                              |                                                                  |
| 13. | No. of Dependants                       | Children below 18 years                                                                                          | Others                       |                                                                  |
|     |                                         |                                                                                                                  |                              |                                                                  |

**14. DETAILS OF OCCUPATION/PROFESSION/BUSINESS**

|                                                                         |                                                                |                                                                |                                                                                |
|-------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------|
| Nature of occupation (Income source)                                    | <b>a) Salaried</b> <input type="checkbox"/>                    | <b>b) Self employed/<br/>Business</b> <input type="checkbox"/> | <b>c) Others<br/>(specify)</b> <input type="checkbox"/>                        |
| <b>a) If Salaried, Working with</b>                                     | Govt. /Public sector/<br>Co-op sector <input type="checkbox"/> | Public Ltd <input type="checkbox"/>                            | Private <input type="checkbox"/>                                               |
| Designation & Employee No/PEN                                           |                                                                |                                                                |                                                                                |
| Department/Institution                                                  |                                                                |                                                                |                                                                                |
| Address & Tel. phone no. of employer                                    |                                                                |                                                                |                                                                                |
| Date of joining                                                         |                                                                |                                                                |                                                                                |
| Date of Retirement                                                      |                                                                |                                                                |                                                                                |
| Name of previous employer if any                                        |                                                                |                                                                |                                                                                |
| Annual Gross Salary Income ( attach latest salary slip, IT return etc.) |                                                                |                                                                |                                                                                |
| Annual Net Salary Income                                                |                                                                |                                                                |                                                                                |
| Other Income (Specify and attach proof)                                 |                                                                |                                                                |                                                                                |
| Total income                                                            |                                                                |                                                                |                                                                                |
| <b>b)If self employed / Business (Specify)</b>                          | <b>Proprietorship</b> <input type="checkbox"/>                 | <b>Partnership</b> <input type="checkbox"/>                    | <b>Company</b> <input type="checkbox"/> <b>Others</b> <input type="checkbox"/> |
| Business Details                                                        |                                                                |                                                                |                                                                                |
| Name & Address of company/firm                                          |                                                                |                                                                |                                                                                |
| Nature of Activity & Experience in yrs.                                 |                                                                |                                                                |                                                                                |
| Annual Income from Business                                             |                                                                |                                                                |                                                                                |
| Other Income if any                                                     |                                                                |                                                                |                                                                                |
| Total income (attach proof)                                             |                                                                |                                                                |                                                                                |
| <b>c) Others ( specify)</b>                                             |                                                                |                                                                |                                                                                |
| Nature of job                                                           |                                                                |                                                                |                                                                                |
| Annual income (attach proof)                                            |                                                                |                                                                |                                                                                |

Signature of Applicant/  
Co-Applicant/Co-Obligant:

Name and Signature of Spouse/Legal heirs :

Place: \_\_\_\_\_

Date: \_\_\_\_\_