APPLICATION FORM

Application for Engagement of Bank's Medical Consultant on contract basis with fixed hourly remuneration at RBI, Bhubaneswar

Affix recent passport size photo

1. Name in full: Shri/Kum./Smt.									
		(To be given in block letter, Surname to be stated first)							
2.	Father's/ Husband's Name:								
3.	Addresses:								
	(a) Local Residence Address								
	(b) Permanent Residence Address								
	(c) Dispensary / Hospital Address (where presently working)								
	(d) Telephone No.								
	(e) Mobile No.								
	(f) Email ID.								
	(g) Approximate dista	ance of re	sidence 8	k Dispens	ary from	the Ba	ınk's Disp	ensary lo	cated
	Address		Distance from Local Residence (In Kms.)				Distance from Dispensary/Hospital (in Kms.)		
i.	Reserve Bank Officer's Quarters,ID Market, Na Bhubaneswar - 751015	ayapalli,							
ii.	Reserve Bank Staff Qu Ruchika Market, Baran Bhubaneswar - 751003	nunda,							
4.	Date of Birth:								
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5.	Place of Birth a Domicile:	nd							

6.	Nationality:							
7.	Whether belongs to SC/ST/OBC/EWS/UR	sc	ST	OBC	EWS	UR		
8.	Educational Qualifications: (Indicate degree/ diploma obtained in the order of highest to least)							
	Degree/Diploma	University/Board		Year of	Year of Passing			
9.	Particulars of any other courses completed in medical field :			, ,				
10.	Details of experience - (Expe	rience after	graduation o	nly should b	e stated):			
	Experience at:	Fror	n	То	Period			
	In Hospital (as a Physicia	n)			Year	Month		
	As General Practitioner							
	Any other factors which tapplicant would like to bri into account for consideri his/her application:	ng						
					. ,	ue and correct.		

I hereby declare that the information and particulars given by me in this form are true and correct. I also note that if any of the above statements are incorrect or false or if any material information or particulars has been suppressed or omitted there from, my engagement is liable to be terminated without notice or compensation in lieu thereof.

Date:	
Place:	(Signature of the applicant)

INSTRUCTIONS:

- 1. All the details in the Application Form are to be filled up completely by the applicant, as incomplete Forms are liable to be rejected.
- 2. Attested copies of relevant certificates regarding age, educational qualifications, caste, experience etc. should be attached with the Form.
- 3. If the candidate is working as a Medical Officer for any institution, the details thereof and working hours therein should be indicated.