



**College of Agricultural Banking,  
Reserve Bank of India, Pune**

**Form of Application for the post of Part-Time Bank's Medical  
Consultant on contract Basis with fixed hourly remuneration**

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1. Name in full: Shri/Smt./Kum. \_\_\_\_\_  
(to be given in capital letters)

2. Father/Husband's Name: \_\_\_\_\_  
(to be given in capital letters)

3. (a) Address:

Residence	Dispensary/ Hospital

(b) Phone No.:

(c) Mobile No.:

(d) E-mail address:

(e) Distance from the Bank's Dispensary located at College of Agricultural Banking, Reserve Bank of India, University Road, Pune- 411016:

Distance from Residence (in kms)	Distance from Dispensary/ Hospital (in kms)

4. Date of Birth and age as on

January 01, 2025

:

D	D	M	M	Y	Y	Y	Y

5. Place of Birth and Domicile :

6. Nationality :

7. Category, if applicable : SC / ST / OBC / UR (Gen)

8. Educational Qualifications :

(Indicate degree/diploma obtained, in the order of highest to least)

Degree/Diploma	University/Board	Year of passing	Class/Rank

9. Particulars of any other Courses in medicine completed by the applicant:

10. Details of experience (Experience after graduation should only be stated):

Experience	From	To	Period	
			Years	Months
In Hospital (as a Physician)				
As General Practitioner				

11. Any other factors which the  
Applicant would like to bring into :  
account for considering his/her  
Application

I hereby declare that all the information and particulars given by me in this application form are true, complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that any information given in the application is incorrect or false or if any material information or particulars have been suppressed or omitted therefrom or that I do not satisfy the eligibility criteria according to the Bank, my candidature / engagement / appointment is liable to be cancelled / terminated without notice or compensation in lieu thereof. I have read and understood the stipulations given in the advertisement and hereby undertake to abide by them.

Place:

(Signature of the applicant)

Date:

**Instructions:**

- a. All the details in this form must be filled by the applicant in clear handwriting.
- b. Applications which do not contain the full particulars called for are liable to be rejected.
- c. Attested copies of certificates regarding age, educational qualifications, experience etc. should accompany the application.
- d. In support of the experience gained by the applicant the submitted Certificate must contain the details of duty hours and the nature of duty. (If the candidate is working as a Medical Officer for any institution, the details thereof and working hours therein should also be indicated.)