



#### **Application Form**

# Application for Engagement as Part-Time Medical Consultant (MC) in the Bank on Contract Basis with Fixed Hourly Remuneration

### Reserve Bank of India, Mumbai Office

Affix recent Self-Attested Passport size photograph

1	Name in full Shri/Smt./Kum. (to be given in block letters, Surname to be stated first)			
2	Father/Husband's Name:			
3	(a) Address	Residence:		
		Dispensary:		
	(b) Phone No.	Landline:	Mobile:	
	(c) Email ID			



## 4. Approximate distance from the Bank's Dispensary located at:

		Distance (in Km) from				
Sr. No.	Address of the Dispensary	Applicant's Residence	Dispensary /Hospital where the applicant is currently working			
	Amar Building & MOB Dispensary, Reserve					
i	Bank of India, Mumbai Regional Office, Amar					
	Building, Fort, Mumbai - 400001					
	Bank House Quarters Dispensary, Bank					
ii	House Quarters, Backbay Reclamation, Near					
	Mantralaya, Mumbai – 400020					
iii	Bhandup Dispensary, Bhandup (East),					
	Mumbai – 400 080					
	Dahisar Quarters Dispensary, RBI Staff					
iv	Quarters, Kandarpada Dahisar(W), Mumbai-					
	400068					
	Dhanastra Quarters Dispensary, RBI Officers'					
V	Quarters Dhanastra, N P Marg, Colaba,					
	Mumbai-400005					
	Malad Raheja Quarters Dispensary, RBI Staff					
Vİ	Quarters, Raheja Township Jeetendra Road,					
	Malad (E), Mumbai-400097					
::	Malad Tapovan Quarters Dispensary,					
vii	Tapovan, RBI Officers Quarters, Pathanwadi, Malad(E), Mumbai-400097					
	NCOB Dispensary, Reserve Bank of India,					
viii	Central Office Building, Shahid Bhagat Singh					
VIII	Road, Mumbai -400 001.					
	Sun Plazzo Quarters Dispensary, RBI Officers					
ix	Quarters, Sun Plazzo, Matulya Compound, S.					
	B. Marg Lower Parel, Mumbai - 400013					
	Tardeo Quarters Dispensary, Tardeo Officer's					
x	Quarters, Opp. A.C. Market, Tardeo Road,					
	Mumbai – 400034					
	Varada Quarters & CAFRAL Dispensary,					
	Varada Officer's Quarters Dispensary, Veer					
χi	Savarkar Marg, Near BTC, Dadar, Mumbai –					
	400028					



5	Date of Birth in DD-MM-YYYY format and age as on May 01,	Date of birth:	D D M I	W Y Y Y	Υ	
	2025	Age:	years	months	C	lays
6	Place of Birth and Domicile					
7	Nationality					
8	Category-Tick (√) the appropriate box	ST	OBC	EWS		General (UR)
9		Educat	ional Qualifica	tions	I	
Sr. No.	Degree/ Diploma	University/ Board	Year o	f Passing	P	ercentage
10		any other cours	se in medicine			
	Course Name	Institute		Year of Completion		ion
11	Details of experien			ter graduatio		
Sr. No.	Experience	From	То	Yea	Per	Months
(a)	In Hospital (As a Physician)			1ea	13	WIOTILITS
	1 Tryorolari)					



(b)	As General Practitioner		
12	Any other factors which the applicant would like to bring into account for considering his/her application		

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

(Signature of the applicant)
Place:
Date:



#### <u>Instructions</u>

- 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. Self-attested copies of certificates regarding age, educational qualifications, experience, caste, copy of registration certificate issued by Medical Council of India etc. should be attached/enclosed with the application.
- 3. 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 be indicated.)