

**FORM OF APPLICATION FOR THE POST OF PART-TIME MEDICAL CONSULTANT
ON CONTRACT BASIS WITH FIXED HOURLY REMUNERATION**

1. Name in full: Shri/Km./Smt. (To be given in block letters, surname to be stated first)	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> Fix recent passport size photo and self-attest </div>																										
2. (a) Address	Dispensary	Residence																									
2. (b) Phone No.																											
Mobile No.																											
E-Mail address																											
(c) Approximate distance from the Bank's Dispensary at Bank's Main Office Premises Reserve Bank of India,8-9, Vipin Khand, Gomti Nagar, Lucknow - 226010																											
(d) Approximate distance from the Aliganj Staff Quarters, Sector 'J', Aliganj, Lucknow - 226024																											
3. Date of birth and Age as on 31.01.2015																											
4. Place of birth and domicile																											
5. Nationality																											
6. Educational Qualifications:																											
<table border="1"> <thead> <tr> <th align="center">Degree/ Diploma</th> <th align="center">University/ Board</th> <th align="center">Year of Passing</th> <th align="center">Class/ Rank</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Degree/ Diploma	University/ Board	Year of Passing	Class/ Rank																							
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7. Particulars of any other professional course completed in Medical field																											

8. Details of experience
 (Only experience gained after graduation should be stated)

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

9. 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 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 services are liable to be terminated without notice or compensation in lieu of notice.

Date:

(Signature of the applicant)

INSTRUCTIONS

1. All the details in this form must be filled by the applicant.
2. Applications which do not contain the full particulars called for are liable to be rejected.
3. Attested copies of certificates regarding age, educational qualifications, experience etc. should accompany the application.
4. If the candidate is working as a Medical Officer for any institution the details thereof and Working hours therein should also be indicated.