

**APPLICATION FOR THE POST OF PART-TIME
BANK'S MEDICAL CONSULTANT (ON CONTRACT BASIS
WITH FIXED HOURLY REMUNERATION) IN
RESERVE BANK OF INDIA, GUWAHATI**

Affix recent
passport size
photograph with
applicant's
signature

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|----|--|---|----|--|-----|
| 1. | Name in Full (In Block Letters) | Shri _____ / _____ Smt./ _____ Kum. | | | |
| 2. | Father's / Husband's Name | Shri _____ | | | |
| 3. | (a) Address | Residence: | | Dispensary: | |
| | (b) Phone No. | Landline: | | Mobile: | |
| | (c) E-mail ID | | | | |
| | (d) Address | Approximate Distance from Residence (in kms) | | Approximate distance from dispensary (in kms) | |
| | (i) Bank's dispensary at Main Office Premises, (Annex Building) Reserve Bank of India, Station Road, Panbazar, Guwahati, Assam - 781001 | | | | |
| | (ii) Reserve Bank of India Officer's Colony, G.S. Road, Christian Basti, Opposite Central Mall, Guwahati - 781005 | | | | |
| 4. | Date of Birth (as recorded in School Leaving certificate) and Age (as on date of advertisement) | | | | |
| 5. | Place of Birth and Domicile | | | | |
| 6. | Nationality | | | | |
| 7. | Category | SC | ST | OBC | GEN |
| | | | | | |

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|-------|--|--------------------|----|-----------------|--------------------|
| 8. | Educational Qualifications: | | | | |
| Sr No | Degree / Diploma | University / Board | | Year of Passing | Percentage / Class |
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| 9. | Particulars of any other course in medicine completed by the applicant | | | | |
| 10. | Details of experience (Only experience gained after graduation should be stated) | | | | |
| Sr No | Experience | From | To | Period | |
| | | | | Years | Months |
| (a) | In Hospital (As a physician) | | | | |
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| | | | | | |
| (b) | As General Practitioner | | | | |
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| 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.

(Signature of applicant)

Place:

Date:

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, caste 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.