

**APPLICATION FORM****RESERVE BANK OF INDIA, NEW DELHI****Application for Engagement of Bank's Medical Consultant  
on contract basis with fixed hourly remuneration at RBI, New Delhi**

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1.	<b>Name in Full: Shri / Kum. / Ms. / Smt. (to be given in block letters, Surname to be stated first)</b>		
2.	<b>Father / Husband's Name:</b>		
3.	<b>(a) Address (Local Residence):</b>		
	<b>a) Address (Permanent Residence):</b>		
	<b>(c) Address (Dispensary/ Hospital where presently working):</b>		
	<b>(d) Dispensary for which application is submitted</b>	Sarojini Nagar <input type="checkbox"/> / Shalimar Bagh <input type="checkbox"/>	
		<b>Distance from Residence (in Kms.)</b>	<b>Distance from Dispensary/ Hospital (in Kms.)</b>
	<b>(e) Telephone No. :</b>		
	<b>(f) Mobile No:</b>		
	<b>(g) Email ID:</b>		
		<b>(g) Approximate distance of your Residence/Dispensary/Hospital from the Bank's Main Office Building located at 6, Sansad Marg, New Delhi – 110001:</b>	

4.	<b>Date of Birth</b>								
		<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
	<b>Age:(as on November 1, 2020)</b>								
		<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>
5.	<b>Place of Birth and Domicile:</b>								
6.	<b>Nationality:</b>								
7.	<b>Whether belongs to SC / ST / OBC / Unreserved (General):</b>								
		<b>SC</b>	<b>ST</b>	<b>OBC</b>	<b>GENERAL</b>				
8.	<b>Educational Qualifications: (Indicate degree/diploma obtained, in the order of highest to least)</b>	<b>Degree/Diploma</b>	<b>University/Board</b>		<b>Year of passing</b>	<b>Class/Rank</b>			
9.	<b>Particulars of any other professional course completed in Medical field:</b>								
10.	<b>Details of experience - (Experience after graduation only should be stated):</b>	<b>Experience</b>	<b>From</b>	<b>To</b>	<b>Period</b>				
					<b>Year/s</b>	<b>Month/s</b>			
		<b>In Hospital / Clinic (as a Physician)</b>							
	<b>As General Medical Practitioner</b>								
11.	<b>Any other factor which applicant would like to bring into account in support of his/her application:</b>								

I hereby declare that all the information and particulars given by me in this 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 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. I have read and understand the stipulations given in the advertisement and hereby undertake to abide by them.

Place:

Date:

Enclosures:

(Signature of the applicant)

- i. All the details in the Application Form are to be filled up completely by the applicant, as incomplete Form are liable to be rejected.
- ii. **Attested copies of relevant certificates regarding age, caste, educational qualifications, experience, copy of registration certificate issued by Medical Council of India etc. should be attached/enclosed with the Application Form.**
- iii. 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.)

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