



APPLICATION FORM

**Engagement of Medical Consultant (MC) in the Bank on
contract basis with fixed hourly remuneration**

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1. Name in full: Shri/Smt./Kum _____
(to be given in block letter, Surname to be stated first)

2. Father/Husband's Name: _____

3. (a) Address:

Residence	Dispensary

(b) Phone No. : _____
Mobile No. : _____
E-mail ID : _____

(c) Approximate distance from the Bank's Dispensaries located at:

SI No	Address of RBI's Dispensary	Distance (in Km) from	
		Applicant's Residence	Dispensary /Hospital where the applicant is currently working
1	Reserve Bank of India, Mumbai Regional Office, Amar Building, Fort, Mumbai - 400001		
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2	RBI Staff Quarters, Kandarpada Dahisar(W), Mumbai-400064		
3	RBI Staff Qtrs, Lt. D.G. Marg, Mahim, Mumbai-16		
4	RBI Staff Quarters, Bhandup(E), Mumbai-400042		
5	RBI Officers Quarters, Vasant Vihar Napean Sea Road, Mumbai-400006		
6	RBI Staff Quarters, Raheja Township Jeetendra Road, Malad(E), Mumbai-400097		
7	RBI Officers Qtrs, Sun Plazzo, S.B. Marg Lower Parel, Mumbai-13		
8	RBI Officers Quarters, 20, Plot No. R-3 & R-4, Near Drive in Theatre, BKC, Mumbai-400020		
9	Tapovan, RBI Officers Quarters, Pathanwadi Malad(E), Mumbai-400097		
10	Kailash, RBI Officers Quarters, Near Saibaba Mandir, Malad(E), Mumbai-400097		

4. Date of Birth and age as

on January 1, 2018 :

D	D	M	M	Y	Y	Y	Y

5. Place of birth and domicile :

6. Nationality :

7. Whether belongs to SC/ST/OBC/UR(General): 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 past experience

(Experience after graduation should only be stated):

Experience	From	To	Period		Address and Details of the official under whom the applicant worked
			Year/s	Month/s	
In Hospital (as a Physician)					
As General Practitioner					

11. Details of Current Engagement with working hours

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 also note that if any of the above statements are incorrect or false or if any material information or particulars have been suppressed or omitted therefrom, my engagement is liable to be terminated without notice or compensation in lieu thereof.

(Signature of the applicant)

Place:

Date:

INSTRUCTIONS

- All the details in the Application Form are to be filled up completely by the applicant, as incomplete Forms are liable to be rejected.
- Attested copies of relevant certificates regarding age, educational qualifications, caste, experience etc. should be attached with the Application Form.
- If the candidate is working as a Medical Officer for any institution, the details thereof and working hours therein should be indicated in para-11.