

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**

Space for affixing
Passport size
Photo

1.	Name in Full: Shri / Kum. / Ms. / Smt. (to be given in block letters, Surname to be stated first)								
2.	Father / Husband's Name:								
3.	(a) Address (Local Residence):								
	(b) Address (Permanent Residence):								
	(c) Address (Dispensary/ Hospital where presently working):								
	(d) Distance from Main Office Building located at 6, Sansad Marg, New Delhi – 110001	Distance from Residence (in Kms.)						Distance from Dispensary / Hospital (in Kms.)	
	(e) Telephone No.:								
	(f) Mobile No:								
(g) Email ID:									
4.	Date of Birth								
		D	D	M	M	Y	Y	Y	
	Age:(as on April 01, 2023)								
		D	D	M	M	Y	Y	Y	

5.	Place of Birth and Domicile:				
6.	Nationality:				
7.	Whether belongs to SC / ST / OBC / Unreserved (General):				
		SC	ST	OBC	GENERAL
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 professional course completed in Medical field:				
10.	Details of experience - (Experience after graduation only should be stated): (add additional sheet, if required)	Experience	From	To	Period
					Year/s Month/s
		In Hospital / Clinic (as a Physician)			
	As General Medical Practitioner				
11.	Any other factor which applicant would like to bring into account in support of his/her application:				

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.)
