

APPLICATION FORM**Application for Engagement of Medical Consultant (BMC)
on contractual basis with fixed hourly remuneration at RBI, Hyderabad**

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

Affix recent
passport size
photograph with
applicant's
signature

2. Father / Husband's Name: -----

3. (a) Detailed Address:

Residence	Dispensary / Hospital where Presently Working
i) Local Residence:	
ii) Permanent Residence:	

(b) Contact Details:

i) Mobile No. : _____

ii) Landline No. : _____

iii) Email id : _____

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

Colony / Premises	Main Office Building		Ameerpet		Begumpet		Yellareddyguda		Musheerabad	
	Residence	Own Dispensary	Residence	Own Dispensary	Residence	Own Dispensary	Residence	Own Dispensary	Residence	Own Dispensary
Distance (in KM Approx.)										

4. (a) Date of Birth :

(b) Age as on October 18, 2019) : _____ Years.

5. Place of Birth and Domicile:

6. Nationality:

7. Whether belongs to SC/ST/OBC/Unreserved(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. Details of any other professional course completed in Medical field:

10. Details of experience - (Experience after graduation only should be stated)

Sr. No.	Hospital Name	From	To	Period	
				Year/s	Month/s
In Hospital (as a Physician)					
1)					
2)					
3)					
As General Practitioner					
1)					
2)					
3)					

11. Any other factor which applicant would like to bring into account in support of 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:

Place:

(Name & 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 details/particulars are liable to be rejected.
3. Attested copies of certificates regarding age, educational qualifications, 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.