

FORM OF APPLICATION FOR THE POST OF PART-TIME MEDICAL
CONSULTANT ON CONTRACT BASIS WITH FIXED MONTHLY
REMUNERATION

RESERVE BANK OF INDIA, MUMBAI REGIONAL OFFICE

1 Name in full : Shri/Kum./Smt.

(to be given in block letters, surname to be stated first)

2 (a) Address : Residence Dispensary

(b) Phone No.

(c) Approximate distance, from the Bank's
dispensary at

(i) Belapur Office :

(ii) Tata Mill Compound, Parel (East) Quarters.

(iii) Kailash Appartment and Tapovan, Malad(East) Qtrs.

3 Date of birth and age as on July 01, 2010. :

4 Place of birth and domicile :

5 Nationality :

6 Educational Qualifications (State
degree/diploma obtained, the highest
degree first, second highest next and so on)

Degree/Diploma University/Board Year of passing Class/Rank

7 Particulars of any other courses: in
medicine completed by the
Applicant.

8 Details of experience From To Period
(Only experience gained after
graduation should be stated) Years Months

(a) Hospital

As a Physician :

Experience in any other field :

(b) General Practice :

9 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 particular has been suppressed or omitted therefrom, my services are liable to be terminated without notice or compensation in lieu of notice.

(Signature of the applicant)

Date :

(For instructions see overleaf)

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 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.